RX
1
A53
v.7
no.4
Biological
& Medical
erials

DUPLICATE

THE JOURNAL

OF THE

AMERICAN INSTITUTE

OF

HOMŒOPATHY

LIBRARY
MAY 8 1973
UNIVERSITY OF TORONTO

OCTOBER 1914

Vol. VII

No. 4

STORAGE

PUBLISHED MONTHLY BY THE
AMERICAN INSTITUTE OF HOMŒOPATHY
917 Marshall Field Building
CHICAGO, ILL.

Subscription Rates: United States and Mexico, $2.00 a year in advance. Postal Union, $2.50 a year in advance. Single copy, 25 cents.

Entered as second-class matter at the post office at Chicago, Illinois.

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

It is a saturated solution of boric acid, reinforced by the antiseptic properties of ozoniferous oils.

After the volatile constituents have evaporated, a film of boric acid remains evenly distributed upon the surfaces to which Listerine has been applied.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine is unirritating, even when applied to the most delicate tissues; in its full strength it does not coagulate serum albumin.

For those purposes wherein a poisonous or corrosive disinfectant can not be safely employed, Listerine is the most acceptable antiseptic for a physician's prescription.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine," 128 pages descriptive of the antiseptic, may be had upon application to the manufacturers,

LAMBERT PHARMACAL COMPANY,

Locust and Twenty-first Streets **ST. LOUIS, MISSOURI**

THE JOURNAL OF THE
American Institute of Homœopathy

PUBLISHED UNDER THE DIRECTION OF THE BOARD OF TRUSTEES

Journal Committee—John P. Sutherland, M. D., Chairman, 295 Commonwealth Ave., Boston.
Finance Committee—Arthur B. Norton, M. D., Chairman. 30 East 55th St., New York.
Editor—Sarah M. Hobson, M. D.
Business Manager—George B. Hoyt.
Chicago Office—917 Marshall Field Building—Telephone Randolph 677.

Contents for October, 1914

LEPROSY IN THE UNITED STATES 383
Frederick M. Dearborn, A. B., M. D., New York.
SOME MODERN SOCIOLOGIC PHASES TENDING TO CRIMINALITY 388
Frank C. Richardson, M. D., Boston.
THE TOTALITY OF SYMPTOMS 400
Samuel R. Geiser, M. D., Cincinnati.
THE SOCIOLOGICAL ASPECT OF MENTAL DEFECTIVES 407
Albert Rowland Garner, M. D., Norristown, Pa.
DIAGNOSIS OF ACUTE ABDOMINAL CONDITIONS IN CHILDREN 413
Herbert W. Foster, M. D., Montclair, N. J.
EUONYMUS ATROPURPUREUS 420
Alexander L. Blackwood, M. D., Chicago.
SEX EDUCATION; SEX HYGIENE; EUGENICS; A PROTEST 425
J. Richey Horner, M. D., Cleveland.
HEART DISEASES IN CHILDHOOD 434
C. Sigmund Raue, M. D., Philadelphia.
EDITORIAL 443

(Continued on page ii)

PRICE OF REPRINTS.

No. of pp.	100	500	1,000	No. of pp.	100	500	1,000
1 to 2	$1.25	$2.00	$3.00	9 to 12	7.00	8.50	10.75
3 to 4	2.50	3.25	4.50	12 to 16	9.00	11.00	13.50
5 to 8	4.50	5.50	7.50				

Orders for reprints should be attached to the manuscript.
Press work done by BOWMAN PUBLISHING CO., 526 Davis St., Evanston, Ill.

PHILLIPS'
Phospho-Muriate of Quinine
COMP.

An Aromatic Syrup Containing Phosphoric Acid and Phosphates of Potash, Magnesia, Lime and Iron with Muriate of Quinine and Strychnine

A Reliable Tonic and Reconstructive
Free from Alcohol

Phillips' Digestible Cocoa
COMP.

Made from Fine Selected Beans of Cacao Theobroma

A Delicious Food Beverage
and Valuable Substitute for Tea or Coffee

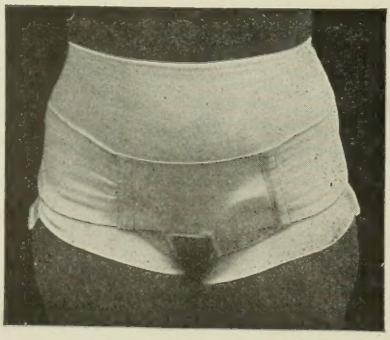
"THE COCOA WITH A RICH CHOCOLATE FLAVOR"

Contents for October, 1914—Continued.

EDITORIAL
Loyalty 443
Sociological Medicine 444
Medical Tolerance and Aloofness 444
Homœopathic Therapy in Europe 447
Anesthesia as a Specialty 447
A Good Business Investment 448
A Comment on Alcohol 448
Revista Medicina Homœopatica 448
Will a Sanitarian Recognize Internal Medicine? 448
Change of Editorship 450
ANNOUNCEMENTS 451
Committee Appointments A. I. H. 451
Miscellaneous 452
American Association of Clinical Research 453
Ohio State University 453
American College of Surgeons 454
CORRESPONDENCE 455
Southern Homœopathic Medical Association 455
Arsenious Acid and Cholera 455
British Field Hospital for Belgium 456
GENERAL NEWS 458
OBITUARIES 461
CHANGE OF ADDRESS 463
BOOK REVIEWS 463
NATIONAL SOCIETY OF PHYSICAL THERAPEUTICS 470
HEALTH CONSERVATION AT THE PANAMA-PACIFIC EXPOSITION 472
THE WESTERN DOCTORS WALK THE PLANK 475
WORTH REPEATING 478
The Situation in Minnesota 478
The Language of a Remedy 480
Treatment of Diphtheria with Cyanide of Mercury 481

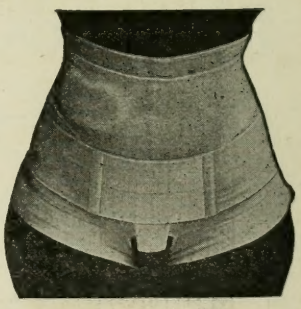
The Storm Binder and Abdominal Supporter
(Patented)

Modifications for Hernia, Relaxed Sacro-iliac Articulations, Floating Kidney, High Operations, Ptosis, Obesity, Pregnancy, Etc.



Inguinal Hernia Modification

Adapted to Use of Men, Women, Children and Babies



Special Kidney Belt

No whalebones, no rubber elastic—washable as underwear. Suitable for non-operative and post-operative cases. Comfortable for sofa and bed wear and athletic exercises. A practical relief for visceroptosis.

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only, within twenty-four hours.

KATHERINE L. STORM, M.D.
1541 Diamond Street, Philadelphia, Pa.

College of the New York Ophthalmic Hospital

Complete Seven Months Course in Diseases of the

EYE, EAR, NOSE AND THROAT

POST GRADUATE DEGREE: OCULI ET AURIS CHIRURGUS

Instruction by Lectures, Recitations and Clinics; covering Embryology, Bacteriology, Pathology, Practical Anatomy and Radiology

Material abundant, Lectures Illustrated by Lantern Slides, Models, Anatomical Specimens and Charts. Daily Clinics in all departments, students assisting. Vacancy in House Staff January and July.

SESSION OCTOBER FIRST TO MAY FIFTEENTH

For announcements address

CHARLES DEADY, M. D., Dean
2020 Broadway, New York

W. C. McKNIGHT, M. D., Sec'y
13 Central Park West, New York

Boston University School of Medicine

Begins its Forty-second Annual Session October 1st, 1914

Advanced and thorough methods of instruction.

A broad and comprehensive curriculum, including homoeopathic materia medica and therapeutics. Unusually extensive laboratory and clinical facilities. A large proportion of the graduates of this School receive desirable hospital appointments.

DR. FRANK C. RICHARDSON,
Registrar,
80 East Concord St., Boston.
To whom all communications should be addressed.

DR. J. P. SUTHERLAND,
295 Commonwealth Ave., Boston.

THE NEW YORK MEDICAL COLLEGE *and* HOSPITAL *for* WOMEN

19 West 101st St. New York City

The only Homœopathic College open to women exclusively.

Begins its Fifty-second Annual Session September 23, 1914.

A system of didactic lectures is combined with the study from standard medical text-books.

Well equipped laboratories provide facilities for study of Anatomy, Chemistry, Physiology, Pathology and Bacteriology.

Clinical instruction at College. Hospital and Dispensary and at the Opthalmic, Laura Franklin and Metropolitan Hospitals.

CORNELIA C. BRANT, M. D.,
Dean,
91 Macon Street, Brooklyn.

GRACE IRENE HARPER, Ph. G.,
Secretary,
19 West 101st Street, New York.

MEDICAL COLLEGES

HOMŒOPATHIC COLLEGE OF THE OHIO STATE UNIVERSITY.....1914
Claude A. Burrett, M. D., Ohio State University, Columbus, O.
Administrative Officer.

HAHNEMANN MEDICAL COLLEGE OF KANSAS CITY UNIVERSITY.....1884
Moses T. Runnels, M. D., 12th and McGee Sts., Kansas City, Mo. Dean.

HAHNEMANN MEDICAL COLLEGE OF THE PACIFIC.....1882
James W. Ward, M. D., 391 Sutter St., San Francisco. Dean.

COLLEGE OF HOMŒOPATHIC MEDICINE, STATE UNIVERSITY OF IOWA....1887
George Royal, M. D., Des Moines, Ia. Dean.

HOMŒOPATHIC MEDICAL COLLEGE, UNIVERSITY OF MICHIGAN.....1875
W. B. Hinsdale, M. D., Ann Arbor, Mich. Dean.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.....1873
John P. Sutherland, M. D., 295 Commonwealth Ave., Boston. Dean.

NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN.....1863
Cornelia C. Brant, M. D., 19 W. 101st St., New York. Dean.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL..1860
Royal S. Copeland, M. D., 58 Central Park West, New York. Dean.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.....1859
Joseph P. Cobb, M. D., 4649 Woodlawn Ave., Chicago. Dean.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF PHILADELPHIA.....1848
William A. Pearson, M. D., Race and Broad Sts., Philadelphia. Dean.

BOERICKE & TAFEL

Oldest and largest Homeopathic Pharmacy
Manufacturers, Importers and Publishers

BUSINESS ESTABLISHED IN 1835

Our tinctures like ACONITE, BELLADONNA, etc., are IMPORTED—made from the living plants. Our domestic tinctures, also, are made from the live plants, gathered by our own botanists. Our triturations receive four hours triturating for the 1x (1-10) and each x after receives two full hours. Our tablet triturates are made from these unexcelled triturations. We were the first to introduce the Schuessler or Tissue Remedies into this country and ours are the standard. A complete line of fine Leather Bags and Cases. All Physicians' Supplies. Book Catalogues and Physicians' Price List mailed on request and correspondence solicited.

Address BOERICKE & TAFEL.

Philadelphia, Pa., 1011 Arch Street
Chicago, Ill., 156 N. Wabash Avenue
Cincinnati, Ohio, 204 W. Fourth Street
New York, 145 Grand Street
Baltimore, Md., 326 N. Howard Street
Pittsburgh, Pa., 702 Penn Avenue

Glyco-Thymoline

Is indicated for all

Catarrhal Conditions

Nasal, Throat, Stomach
Intestinal, Rectal and
Utero-Vaginal
Catarrh

Kress & Owen Co.

361-363 Pearl St., New York City

The Peculiar Advantage
of the

Marvel "Whirling Spray" Syringe

is that **The Marvel,** by its Centrifugal action, **dilates and flushes** the vaginal passage with a volume of whirling fluid, which smooths out the folds and permits the injection to come in contact with its entire surface.

Prominent physicians and gynecologists everywhere recommend the MARVEL Syringe in cases of Leucorrhea, Vaginitis and other Vaginal diseases. It always gives satisfaction.

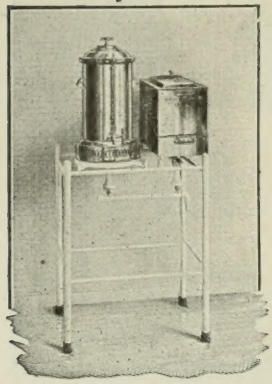
All Druggists and Dealers in Surgical Instruments sell it. For literature, address

Marvel Company
44 E. 23rd Street, NEW YORK

The Marvel Company was awarded the Gold Medal, Diploma and Certificate of Approbation by the Societe D'Hygiene de France, at Paris, Oct. 9, 1902.

Castle-Rochester Sterilizing Outfits

"SAFETY FIRST"



Your Patients—Are they protected against the infection that results from the use of unsterile dressings, instruments, and water?

In a little booklet on Sterilizing Technique we have recently published, there are detailed directions for sterilizing dressings, instruments, and water. These directions embody the latest methods approved by the most prominent operators. A copy of this booklet will be sent free on request.

Castle-Rochester Sterilizing Outfits adequately meet the requirements of an office or small hospital. They consist of two, three, or four Sterilizers, mounted in any desired combination. Every combination is made in three sizes. May be arranged for any form of heating.

Ask your dealer for circular and prices or write directly to us.

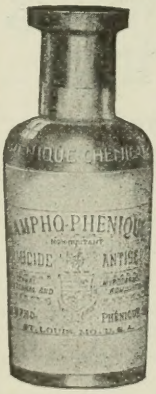
Wilmot Castle Company

MANUFACTURERS

STERILIZING AND BACTERIOLOGICAL APPARATUS

818 St. Paul Street **Rochester, N. Y.**

THE CAMPHO-PHENIQUE PRODUCTS



Campho-Phenique [liquid] is to be found at the hand of skilled surgeons in all delicate or important operations, as its powerful antiseptic and germicidal properties help greatly to insure success. It exerts a healing influence that imparts a stimulus to the tissues calculated to induce more rapid granulation.

In the minor surgical operations and as an external application for wounds, burns, scalds, sores, ulcers, boils, felons, chancre, it is universally used by both surgeons and physicians. It is constantly needed in the office of every practitioner.

Campho-Phenique Powder possesses all the antiseptic, germicidal and anæsthetic properties of the liquid. It is a dry treatment for sores, wounds, galls and abrasions of the flesh, and is valued by physicians for the convenience with which it can be used in many external applications where bandages cannot well be applied. It is appropriate for all purposes except surgical operations.

Campho-Phenique Ointment. [Oleated Campho-Phenique.] For the treatment of skin diseases particularly obstinate varieties of eczema in adults or children. It is beneficial also in scrofulous or syphilitic skin sores, seborrhœa, psoriasis, barber's itch, scabies, rash and eruptions. It gives the most gratifying relief in itching piles.

If not obtainable at the drug stores, order direct. We will send to any Physician, Surgeon or Dentist anywhere in the United States, postpaid, on receipt of price.

CAMPHO-PHENIQUE LIQUID, 4-oz. size	$1.00
CAMPHO-PHENIQUE LIQUID, small size	.25
CAMPHO-PHENIQUE POWDER, in sifter top cans	.75
CAMPHO-PHENIQUE OINTMENT, 4-oz. cans	1.00

Samples Mailed on Request

Address **CAMPHO-PHENIQUE CO.** **St. Louis, Mo.**

INFANTS who have so suffered from the effects of a prolonged intestinal disorder or of a badly managed diet as to present a condition broadly described as

Marasmus, Atrophy or Malnutrition

are often most difficult to handle with the promise of successful outcome.

The management of such conditions is largely a question of diet so adjusted that the greatest degree of assimilation is assured.

MELLIN'S FOOD

prepared as suggested on pages 35 to 41 of our book, "Formulas for Infant Feeding," gives results that are so pronounced as to leave no doubt of the efficacy of this low-fat, high-carbohydrate diet.

A copy of this book and samples of Mellin's Food sent upon request.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

"Standard" Radium preparations supplied under guarantee of a standardized Radium element content

Radium Chloride and Radium Sulphate (S.C.Co.) accepted by the Council on Pharmacy and Chemistry

"Prescription Dispensing Only"

Literature and Clinical Records on Request

Radium Chemical Company

General Offices and Laboratories:

Pittsburgh, Pa.

FOR YOUR

Convalescent Patients

Prescribe an ideal resting place. Even your most hurried New York business man will find Long Beach easy to get at—but hard to get away from.

Hotel Nassau

offers to your patients every convenience of the modern fireproof hotel—plus the quiet of the country and the delightful and invigorating air of the seashore.

Records in Washington show it cooler in summer and one to two degrees warmer in winter than some of the prominent all-year resorts farther South. Cleanest beach along the Atlantic Coast. Every room is an outside room and fitted with hot and cold, fresh and salt water baths.

Write for Booklet

Hotel Nassau

Long Beach, L. I.

40 Minutes from New York 400 Rooms

THE COMMON ENEMY

In all of the exanthemata—in acute tonsilitis, erysipelas, mastoiditis, and similar disorders—"The common enemy," aided and abetted by the staphylococcus, pneumococcus and frequently the colon bacillus, is the streptococcus.
Nine-tenths of the damage wrought by these diseases is due to the invasion of the endothelial and epithelial tissues by this mixed infection, resulting in nephritis, arthritis, endocarditis, rheumatism, and other similar sequelæ.
Most of these sequelæ can be avoided by the use of COMBINED-BACTERIN VAN COTT (Abbott) during the course of the primary disease. This bacterin should be given as a routine measure in this class of troubles. It can do no harm, and in many if not most cases will save an aftermath of grave disaster.
When called upon to treat the residual conditions themselves, still COMBINED-BACTERIN VAN COTT (Abbott) is your most powerful ally. You will have success with these obstinate, obscure complaints if you back up your hygienic and medicinal treatment by its use. Try it, and you will be agreeably surprised at results.

PACKAGES AND PRICES

Combined-Bacterin Van Cott (Polyvalent).

Per dozen boxes of six ampules each	$15.00
In less than half-dozen lots, per box	1.50
Per dozen syringe-containers, assorted	5.00
In less than half-dozen lots, each	.50

Contains streptococci, staphylococci, pneumococci, and bacillus coli.

NOTE: For economy (but calling for sterilization and handling of your own syringe) we recommend the use of the ampule.
Exhaustive booklet "Biologic Products and How to Use Them," sent on request. See also Therapeutic Price List (1913-14), pages 135 to 161, for full details of our biologic line. If you haven't a copy, order at once. Chicago office only. Send your orders for supplies (if direct) to the most convenient point. If you prescribe, specify "Abbott's."

THE ABBOTT ALKALOIDAL COMPANY

(THE ABBOTT LABORATORIES)

Home Office :: Ravenswood, CHICAGO

227 Central Bldg. SEATTLE | 871 Phelan Bldg. SAN FRANCISCO | 634 Hellman Bldg. LOS ANGELES | 175 W. 88th St. NEW YORK | TORONTO Canada | BOMBAY India

YOU CAN GET RESULTS

just as easily and profitably by the use of OXYOLINE, as thousands of other physicians who are daily using it.

Physicians are the buyers of our OXYOLINE Apparatus. Our business has increased more than 900 per cent in three years.

How do you account for that increase?

OXYOLINE stands absolutely alone in its wide application and marked efficiency in the treatment of Blood Disorders, Nervous Derangements and Respiratory Diseases.

Will you allow us to send you literature and case reports?

A request will place in your hands, information which is interesting, and which can be turned to your profit.

WRITE TODAY

NEEL-ARMSTRONG CO.

257 E. Market St. AKRON, OHIO

SHERMAN'S BACTERINS

Preparations with a Record for **RELIABILITY** 40 Different Varieties

TYPHOID FEVER yields more readily to **TYPHOID VACCINE** than to any other remedy. When given early it often aborts the course of the disease

Write for literature. **G. H. SHERMAN, M. D.** **DETROIT, MICH.**

SANMETTO FOR GENITO-URINARY DISEASES.

A Vitalizing Tonic to the Reproductive System.

Specially Valuable in Prostatic Troubles of Old Men—Irritable Bladder—Cystitis—Urethritis—Pre-Senility.

SOOTHING — RELIEVING — RESTORING.

DOSE:—One Teaspoonful Four Times a Day. **OD CHEM. CO., NEW YORK.**

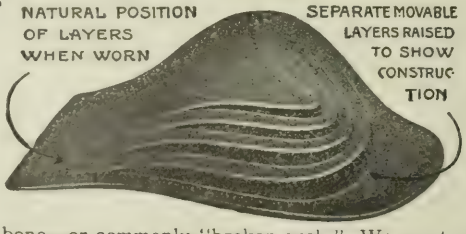
Beware of the so-called Elixir Compounds claiming to be "the same thing" or "just as good" if you do not wish to be disappointed.

NEURILLA FOR NERVE DISORDERS **NEURILLA**

If Patient suffers from **THE BLUES** (Nerve Exhaustion), Nervous Insomnia, Nervous Headache, Irritability or General Nervousness, give four times a day one teaspoonful **NEURILLA**

Prepared from Scutellaria Lateriflora, Passiflora Incarnata and Aromatics.

DAD CHEMICAL COMPANY, NEW YORK AND PARIS.



See This Support

Here is something in Arch Supports that is anatomically correct.

Daily you come in contact with cases of vague rheumatic pains—hardly rheumatism—yet elusive.

It's probably displacement of the tarsal bone—or commonly "broken arch." We want you to see this arch for yourself—try this out—and recommend it. Send for "The Joy of Perfect Understanding." Address room 906.

VENUS ARCH SUPPORT CO. - 305 No. Fifth Ave., Chicago, Ill.

CALIFORNIA COLLEGE PHYSICAL THERAPEUTICS. GEORGE STARR WHITE, M. D., Director

Practical, personal instruction given in up-to-date *Electrical* and other *Physical Therapeutics* as well as *Spondylotherapy* and the *Ionic Method of Diagnosis* as taught by Dr. Albert Abrams. Physicians may bring a patient for actual demonstration of these methods at no extra cost. Terms, etc., upon application.

GEORGE STARR WHITE, M. D., 327 South Alvarado St., Los Angeles, Calif.

A FOOD TONIC, POSSESSING THE BENEFICIAL PROPERTIES OF BLOOD SERUM AND RICH IN HEMOGLOBIN

BOVININE

Specially indicated in Anemic Conditions. Mal-Nutrition or Mal-Assimilation.
Convalescence. Gastric Disturbances, acute or chronic.
Diphtheria. Typhoid, Scarlet, and other Fevers.

Irritation or Ulceration of Intestinal Tract.
Consumption and all Wasting Diseases.
Cholera Infantum, and all Infantile Disorders.

Influenza, and Recovery therefrom. Diarrheic and Dysenteric Conditions.
The Puerperal State. Nursing Mothers.
Rectal Feeding, Topical Application, etc.

Write for Sample, also for one of our new Glass (sterilizable) Tongue Depressors.

THE BOVININE COMPANY
75 West Houston Street **NEW YORK CITY**

50% Better

PREVENTION DEFENSE INDEMNITY

1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent)
4. All such claims arising in suits involving the collection of professional fees.
5. All claims arising in autopsies, inquests and in the prescribing and handling of drugs and medicines.
6. Defense through the court of last resort and until all legal remedies are exhausted
7. Without limit as to amount expended.
8. You have a voice in the selection of local counsel.
9. If we lose, we pay to amount specified, in addition to the unlimited defense.
10. The only contract containing all the above features and which is protection per se.

A sample upon request

THE MEDICAL PROTECTIVE CO.
of Fort Wayne, Indiana
Professional Protection, Exclusively

For Summer Use

SUMMER DIARRHOEA
(Infants)

Little homœopathic tablets, easy to take, harmless and effective.

CHOLERATOL

Equally effective for the grown-ups.

DERMALOTION

Immediate relief for poison ivy, insect bites, sun burn, prickly heat, and the milder forms of eczema.

Smith's Homœopathic Pharmacy
Established 1844
323 East 34th Street, NEW YORK

DR. GIVENS' SANITARIUM

For the treatment of Nervous and Mental Diseases with a separate department for Drug and Alcoholic patients, is beautifully located ou a hill overlooking Stamford and Long Island Sound at Stamford, Conn., and within fifty minutes of the Grand Central Station in New York City. The N. Y. and N. H. Road has Electric trains every hour.

Physicians will find this a well equipped Sanitarium conducted on strictly ethical lines.

Address **DR. AMOS J. GIVENS, Stamford, Conn.**

Call Phone 70 Stamford

STERILIZED AND FREE FROM BACTERIA

CROTALIN (B.&R.) IN AMPOULES

For Hypodermic Injections
IN TREATMENT OF EPILEPSY

Our preparation is prepared and put up under the personal supervision of Prof. Joseph H. Ball, Bacteriologist of the Flower Hospital of New York, and is free from all bacteria.

Write for Booklet giving Therapeutic and Clinical Reports, Preparations, Prices, etc., to

BOERICKE & RUNYON

14 WEST 38th STREET NEW YORK CITY

Branch—116 South 11th Street, Philadelphia, Pa.

THE JOURNAL
OF THE
American Institute of Homœopathy

Vol. VII OCTOBER 1914 No. 4

LEPROSY IN THE UNITED STATES*

By Frederick M. Dearborn, A. B., M. D., New York City

The degree of popularity which a medical subject arouses depends in a large measure upon the prevalence of the subject discussed, the originality of the theory whether it be therapeutic or otherwise, the results attained, or the amount of mystery, superstition and speculation that can be developed. The last is fomented by the lay press, which usually lacks scientific or medical censorship, and desires solely to arouse morbid curiosity and falsely mold public prejudice. There can be nothing more pathetic in an enlightened age and in a civilized country, than the spectacle of a lone individual afflicted with a rare disease, being driven hither and thither, treated as a loathsome creature with no one to protect or trust him, and nowhere to go but away from where he may happen to be. The matter is much aggravated from the unfortunate's standpoint as well as from the view of the body politic by the newspaper publicity given to such matters. An intelligent discussion and appreciation of facts per the press route might arouse in the proper local and general authorities the necessity for concerted action, but nothing is ever accomplished by appealing to the morbid curiosity of a wrongly informed public. I lay stress upon the above remarks because we have had some degrading examples of poor team work on the part of the proper molder of public opinion, the press, due, I believe, to ignorance upon the part of the authorities and to a desire to avoid responsibility, as well as to efficiency.

*Bureau of G.-U. and Dermatology, A. I. H., 1914.

Leprosy will ever be a fearsome word and lepra a dread disease until a modern scientific view is taken of the matter. Perhaps a start might be made with the physician who can improve his knowledge of the nature and care of lepra to such an extent that his clientele may be better informed. The physician should know that within the boundaries of the United States proper there exist between 500 and 700 lepers; that these cases had their inception in leprous countries outside of our bounds, hence the disease is not endemic with us; that in no well authenticated instance has leprosy been known to have been caught in populous centers, such as New York, Chicago, San Francisco, Paris, London, Vienna or Berlin, where sporadic cases can always be found; that our sporadic cases are usually foreign, born in endemic localities, or, if native born Americans, have lived for an appreciable period in leprous countries; and that despite the fact leprosy is due to a specific germ and is contagious under favorable circumstances, it has been well established that improved hygiene and proper methods of personal living such as exist to a more or less degree in civilized countries render the chance of contagion remote in our country.

Further, lepers can be treated with some degree of success as dispensary or hospital cases, depending upon their nature. A few can be cured, many ameliorated, their lives made comfortable, to a certain degree useful and their span of years increased. Can more be said of the treatment of well established cancer? Most of our cases, and this is verified by my experience with forty-four cases, are of the mixed type. These are not so contagious as the tubercular variety, which is most prevalent in a newly invaded country or among a virgin population, but under proper conditions are more dangerous than the anesthetic variety which exists to a greater proportion in a country where the disease has been active for years. My patients have been natives of Denmark, Norway, Russia, Hungary, Spain, Greece, Roumania, Italy, China, and the various West Indian Islands, and usually had such indefinite symptoms upon their arrival on these hospitable shores that the immigration authorities did not then judge them lepers, or they were in the stage of incubation or in the period of invasion which made detection impossible. I believe only six of my charges could be deported by our laws Two of my list

were native born Americans who contracted the disease in tropical endemic countries; one in the West Indies, the other in the Philippines.

There can be no argument against segregation as an ideal and efficient treatment when leprosy is rampant, or when it suddenly breaks out anew or recurrently, or where the prevailing form is tubercular. This method of colonizing the lepers has worked wonders in Norway, China, Japan, the West Indies, and British India, not to mention our own good work in Panama, Hawaii, and the Philippines. Within the United States, it has not been necessary to segregate because of the relatively small number of cases. But whenever possible hospital treatment should be employed as is done in our large seaport cities, and by such states as Massachusetts and Louisiana. Mild and anesthetic cases which can be well cared for at home do not need to be molested, provided they are listed by the health authorities and regularly examined. This class is small, for usually the lepers come of the poor, ignorant, foreign class who cannot and will not take the proper precautions. In other words, for reasons aside from the contagiousness of the disease, most lepers should be properly lodged in municipal, state, or national hospitals where they can get the advantages of every known hygienic, physiological and medicinal agent. As long as there is a single chance of contagion, it would seem that hospital supervision, not necessarily segregation, is the prudent course in our country.

In the course of the past fourteen years, five lepers have been discharged from the Metropolitan Hospital after the total disappearance of all symptoms, skin and otherwise. In all these cases, they were not allowed to leave until a period varying from six to twelve months had elapsed after their apparent cure. As far as I can learn, and four reported in person at a dispensary or by letter from their homes in foreign countries for a period of nearly 18 months, there has been no recurrence of symptoms. It is manifestly improper to claim wonderful cures because of the above facts, because only a long period of years of observation can be conclusive; nevertheless it illustrates the advantage of careful hospital treatment.

It is not my purpose in these brief remarks to speak of any of the classical divisions, usually elaborated, in the discussion of a single disease, such as symptoms, etiology, pathology, or

treatment, but rather to ask for a sane view of the leper and his care. I feel that interest may be aroused by the presentation of lantern slides demonstrating the various phases of lepra and briefly alluding to the cases and their treatment.*

Discussion

Dr. James Krauss, Boston: I want to congratulate Dr. Dearborn on the beautiful presentation which he has made. I really think it is beautiful. I saw some cases about twenty years ago while in London at St. John's Hospital, but they did not have in London as many leprosy cases as seem to have been under the care of our friend Dearborn. I think it is wonderful. I should like to ask Dr. Dearborn whether it is really his belief that Americans are not prone to leprosy, but simply his experience that he does not see any Americans suffering from leprosy?

Dr. Coleman: When I was at the Metropolitan Hospital they were trying to infect one of the lepers with erysipelas. I would like to ask Dr. Dearborn if they have succeeded in infecting the leper with erysipelas, or what his theory toward the two bacilli is?

Dr. Schenck: Naturally you will realize that a man who has inherited the old Biblical idea of the uncleanliness of leprosy will have certain qualms when he walks into a pavilion where there are a half dozen or more lepers, and sees the dermatologist handle them in various ways, seeming to think nothing particularly about it. The fact of the matter is, I still have some inquiries in spite of many assurances at the Metropolitan Hospital. The last time I visited there, which was last week, three of the boys were considered well along the road to recovery, and were out playing ball with the rest of the boys about that section of the hospital. They were handling the same ball and the same bat. In view of the fact that a great many of these leprosy cases develop ten, twelve, or fourteen years after the patient has left the region of the leper, how in the world are they going to tell at the Metropolitan Hospital, or anywhere else, whether some of these young people who are playing ball with the lepers are not going to develop leprosy in ten, twelve or fifteen years? Instead of this Hospital being really a boon and protection against leprosy, it may prove to be the means of disseminating leprosy. This is true not only of the Metropolitan, but other places as well. This inquiry I wish Dr. Dearborn would answer in his conclusions.

Dr. Dearborn (closing the discussion): The most interesting question asked was the one about the infection of erysipelas. That question always pleases me very much. If there is anything known to the science of medicine that has not been tried on the leper I would like to know about it. I did not go into the treatment of leprosy in my paper. What we want to do is to look upon these lepers and treat them as human beings. There is no use in going thousands of yards in the air

*Fourteen slides were here shown, depicting the various types and stages of lepra. Dr. Dearborn's chapter on Leprosy in his book, Diseases of the Skin, has eight excellent illustrations.

at the mention of leprosy. You travel about every day with tubercular cases, and yet tuberculosis claims thousands of victims where leprosy claims only fifteen or twenty.

As to the disease being endemic in this country, not an authenticated case has been known to develop within the last sixty years. We have had the Leper Service in the Metropolitan Hospital for seventeen years. I have had charge of the service for the last ten years, and my father had it for seven years before that. The five I spoke of as having gone out, are all right. One is now in the street cleaning department in New York. I saw the woman just the other day on the East Side. They come regularly to report and we keep a strict watch over them. There is nothing contagious about non-tubercular leprosy. These are the cases that get well. In some few instances the tubercular cases are deported. We have the greatest number of lepers, outside of the city of New Orleans, housed in one hospital. The old school brethren in New York have made repeated efforts to get some of them away, but we have managed to keep them. The state of Massachusetts has a colony off Cape Cod, which averages from six to seven. Their greatest number has been twelve.

It is a fact, however, that as long as leprosy is cared for as it is, it is not endemic. I do not know of an authenticated case that has originated here. There is no reason to be cruel to them. In Minnesota I understand leprosy has died out. The original lepers came from Scandinavia and they died without giving the leprosy to any one else. The same is true in Wisconsin, and the Commissioner of Health stated a year or two ago that it was hoped that the leprosy would die with the individuals who possessed it.

Another question as to the causation of leprosy. Leprosy is due to a germ, and that alone is the cause. Of course the patient must be in proper condition to receive the germ. Is that not true of every disease? Some people stand a better chance than others. We take all ordinary precautions. We do not ask visitors to go there, unless they are physicians or friends. To all purposes they are segregated. We do not give any publicity to the matter, but try to keep it as quiet as possible on account of the community at large. I put two in a private buggy not long ago and took them to a clinic in New York.

Erysipelas infections have been tried with leprosy a number of times, but they have practically been inert. The leprosy bacillus is probably the bigger devil of the two.

There never was a time in the history of medicine when it was more important for every homœopathic physician in the United States and Canada to have back of him a strong national medical organization. Legislation of the most important character is being carried on throughout the country and there is serious danger of legislative enactment inimical to your professional standing in the community in which you are practicing. Only constant watching by a strong national organization will prevent this.—*Wood.*

SOME MODERN SOCIOLOGIC PHASES TENDING TO CRIMINALITY*

By Frank C. Richardson, M. D., Boston
Professor of Nervous Diseases, Boston University

Crime has been defined as "a failure or refusal to live up to the standard of conduct deemed binding by the rest of the community." It may safely be asserted that the germ of crime is universally present in mankind, ever ready to show under conditions favorable to its growth. Happily the fatal consequences that would otherwise be inevitable are checked by the gradual growth of inhibitory processes, such as prudence, reflection, a sense of moral duty, and in many cases the absence of temptation.

From this Dr. Nicholson of Broadmoor Prison, deduces that "in proportion as this development is prevented or stifled, either owing to an original brain defect, or by lack of proper education or training, so there is the risk of the individual lapsing into criminal-mindedness or into actual crime."

The seed is thrown, so to speak, into a hot bed where it finds congenial soil in which to take root and flourish.

Crime has its genesis in three dominant mental processes. These are malice, acquisitiveness and lust. Malicious crimes may be amplified into offences against the person, originating in hatred, resentment, violent temper, and rising from mere assaults into manslaughter and murder.

Crimes of greed and acquisitiveness cover the whole range of thefts, frauds and misappropriation; of larcenies of all kinds; obtaining by false pretenses; receiving stolen goods; robberies; house-breaking; burglary; forgery and coining.

Crimes of lust embrace the whole range of illicit sexual relations, the result of ungoverned passion and criminal depravity.

The proportions in which these three categories are manifested have been worked out to give the following figures:

Crimes of malice, 15%.

Crimes of greed, 75%.

Crimes of lust, 10%.

Authorities:—R. McDonald, "Criminology" (N. Y., 1893). A. Drähms, "The Criminal," (N. Y., 1900).

*Bureau of Clinical Medicine, A. I. H., 1914.

Acceptance of the theory advanced by Lombroso of a criminal type, the "instinctive" or "born" criminal, a creature who had come into the world predestined to evil deeds, and who could be recognized by certain stigmata, certain facial, physical, even moral birthmarks, the possession of which foredoomed him to the commission of crime, would break down the whole doctrine of free-will.

A French savant declared that Lombroso's portraits illustrating criminal types were very similar to the photographs of his friends. Save for the dirt, the recklessness, the weariness and the misery so often seen on it, the face of the criminal does not differ from that of an honest man.

Such theory cannot obtain general acceptance because it gives no importance to circumstance and passing temptation, or to domestic or social environments, as affecting the cause of crime. Dr. Nicholson of Broadmoor has said, "If the criminal is such by predestination, heredity or accidental flaws or anomalies in brain or physical structure, he is such for good and all; no cure is possible, all the plans and processes for his betterment, or education, moral training and disciplinary treatment are nugatory and vain." No weight can then be given to evil example, or unfavorable social surroundings in molding and forming character, particularly during the more plastic periods of childhood and youth.

The study of criminology has gone far to satisfy us that the true genesis of crime is not to be sought in the anatomical peculiarities of individuals, or in fact that there are people who under "any social conditions whatever and of any nationality at no matter what epoch would undoubtedly have become murderers and thieves." On the contrary it may be safely assumed that many such would have done no wrong if e. g., they had been born rich, had been free from pressing needs that drove them into crime, and had escaped the evil influences of their surroundings.

Enrico Ferri has classed the entire body of criminals into five categories:— criminal madmen, born criminals, criminals by contracted habits, occasional criminals and criminals of passion.

Crime as purely the result of disease undoubtedly exists, but the insane criminal, the instinctive criminal and the

habitual criminal do not constitute the great bulk of those who offend against the law.

Ferri well says, "No crime, whoever commits it, and in whatever circumstances, can be explained except as the outcome of individual free-will, or as the natural effect of natural causes. Since the former of these explanations has no scientific value, it is impossible to give a scientific explanation of a crime (or indeed of any other action of man or brute) unless it is considered as the product of a particular organic and psychical constitution, acting in a particular physical and social environment."

Every man, however pure and honest he may be, is conscious now and then of a transitory notion of some dishonest or criminal action. But with the honest man this notion of crime, which simultaneously summons up traditional teachings of morality and expediency with which he has been surrounded, will, if he is physically and morally normal, be immediately discarded. With the man who is less normal, who is endowed with a less vigorous moral sense, or whose teachings and examples have been those of legal and social leniency, the notion dwells and finally prevails.

No consideration of the fundamental causes of crime would be complete without a study of its anthropological factors and its social factors.

Such complete consideration would, obviously, be impossible in a paper appropriate to this occasion. The scope of this writing will be limited, therefore, to a consideration of some present-day phases of public opinion, social manners and customs which, it seems to the writer, may contribute to the establishment of a popular attitude of license and leniency which is conducive to crime.

Reference to a recent "Report of the [Massachusetts] Commission to Investigate the Question of the Increase of Criminals, Mental Defectives, Epileptics and Degenerates" shows that while the gravest crimes can for the most part be traced to congenital criminality, the slighter, but far more frequent offences of an occasional character,—"the microbes of the world of crime"—are the more direct outcome of social environment.

Since social factors have special import in occasional crime and "crime by acquired habit," and since these are the most

numerous sections of crime as a whole, it would seem evident that no social custom of general adoption is too trivial to merit attention.

In their zealous exploitation of the white slave traffic, the social evil, eugenics, etc., legislators and reformers apparently lose sight of primary social influences the removal of which would go farther toward social defense than any penal code they may be able to draft.

For example, does it not seem that a repressive campaign against crimes of lust might reasonably include the suppression of the present mode of dress almost universally adopted by women? Why should we ignore or treat as a joke fashions which profane our civilization and are an indecent assault upon our common sense? Admittedly designed for the Paris demimonde, the costumes worn by our women would seem to exhaust every expedient tending toward sex attraction. There would almost seem to exist a rivalry as to how far the female form divine may be publicly disclosed without infringing the law against indecent exposure. Remove just a little drapery and nothing is left to the imagination. As was recently said in criticism of the present mode before the General Federation of Women's Clubs—"No matter if the neck be exposed nearly to the waist-line and the limbs nearly half way to the knees, if only the style be followed, health and suggestiveness are lost sight of in the craze to be in fashion."

Woman is the natural and acknowledged custodian of morals. It is she who fixes the standard of modesty—a variable standard, it is true, different in ages and countries, but always sufficiently well defined. She draws across the path of passion lines limiting on the one hand the license of masculine approach, on the other the liberty of feminine concession. To a certain extent man may blamelessly accept whatever privileges she is pleased to accord him without troubling himself to consider too curiously their consistency with the general tenor of her decrees. It is her discretion in such matters that must in a large degree preserve the race from fatal excess. When, therefore, she shamelessly violates this sacred trust which nature and society have confided to her it is to be expected that she will lose that without which her beauty and grace are but a curse—man's respect.

No careful observer can fail to conclude that the modern dances constitute a social ulcer which is a serious menace to morality and a potent factor in the production of crime. That the modern dancing method has been the acknowledged avenue to the moral downfall of large numbers of wives and daughters who have been led captive by this craze of syncopation and laying on of hands, there can be no doubt.

As one of our ablest writers once said of the waltz, "It is a war on physical health, it is a war on man's moral nature; this is the broad avenue through which thousands press into the brothel. The dancing hall is the nursery of the divorce court, the training ship of prostitution, the graduating school of infamy." Lurid language, and yet this writer only saw the play of Hamlet with Hamlet left out, for the tango did not exist in his day.

Olaus Magnus tells us that the young people of the North danced among naked sword blades and pointed weapons scattered upon the ground. Our young people dance among far deadlier dangers than these. These dances defy description and unfortunately they are too familiar to require it. The very pose of the dancers suggests impurity and the various steps and movements are contrived with devilish ingenuity to excite the instincts of sex to action. Add to this the hot and heavy air breathing upon the wriggling devotees in sensuous gusts of varying perfumes as a score of scented robes stir it into fragrance, the nudity of bust and arms, the contour of limbs more than suggested by the tightly clinging silk,—they must be indeed sluggish in their sensibilities if not stirred to emotions which are more suitable for the conjugal chamber. It will be claimed that persons excited impurely by these dances would be immoral under any circumstances. "To the pure all things are pure,"—yes, but purity is only a relative virtue whose value is fixed by the moral standard of the individual. What would be pure to some would be grossly impure to others, and we are taking big chances when we "hand our lilies of purity over to the arms of anyone who may choose to blow the frosty breath of dishonor on their petals."

The writer once asked a middle-aged man who was waxing enthusiastic over the delights of the modern dance, how he would like to see his daughter indulge in such orgies? His reply was significant: "Thank God! I have no daughters."

To such a pitch has the passion for this public sexual intimacy come, that dances must be held at every social entertainment which is regarded as worth the trouble of attending. Hotels and restaurants advertise "*Thé Dansant.*" The following press clipping well illustrates the extent to which this has been carried:

TANGO WORTH $50,000,000

New York, June 22.—The dance craze has been worth $50,000,000 to the hotel and restaurant business, according to a prominent hotel man, who was chuckling yesterday. It is curious that, in the midst of all the gossip about the fortunes scooped up by the agile footed professional dancers this season, and the proud autobiographies of erstwhile bank clerks and stenographers who have danced their way from $15 to $500 a week, there has been little mention of the millions that the revival of dancing has meant to the places where people dance.

Louis Fischer smiled complacently yesterday evening when he was informed of the financial enormity of his deed. "I could not tell the exact amount of money the tango has been worth to me," he said, "but I do know that it is the best thing that ever happened to the hotel business. Formerly, the restaurant was a place to eat; now, it is a place in which to be amused. It has been said that people do not eat as much in the restaurants as they used to. It is true that people take much longer for their dinner now than they used to because they are all the time jumping up to do a tango between courses.

"Another aspect of the dance question is that there are more women in public restaurants now than there used to be."

Another despatch in the same issue gives further testimony of the wide spread of the terpsichorean epidemic.

PREFER TANGO TO OCEAN AT BRIGHTON

SWIMMING SUITS, COSTUMES FOR DANCING ON SAND

SOME OF THE YOUNG WOMEN WEAR THE "LAST CRY" IN BATHING ATTIRE

New York, June 22.—Lured by a typewritten circular to the effect that 25 to 100 members of the National Women's Life-Saving League of America will be on duty at Brighton Beach every day of the swimming season, a reporter went female life-saver hunting there yesterday afternoon. But it was at once apparent that the swimming season is not open—or at least very widely open. There were large numbers of persons of both sexes and all ages in bathing suits, but they were not swimming. They were dancing on the beach. Among the minority who looked as if they had recently plunged in the ocean were the members of a band on the board walk of the Brighton baths. But it

was learned that they hadn't been near the water, either. Their moist appearance was merely the result of their music-making efforts. Every time the band stopped all the tangoers did not stop. Those that did cheered and clapped their hands till the band struck up again.

Two or three fully dressed men were dancing with young women in bathing suits. One would be pardoned for thinking some of these young ladies were clad in the upper part of a decollete gown and a pair of stockings if one hadn't heard that what they had on was the "last cry" in bathing suits. They looked like the last gasp in bathing suits.

The female participants in this salacious recreation are not women of the demi-monde, whatever the uninitiated spectator at their orgies may imagine, but matrons who are held spotless, and maidens who are counted pure, not only by the world in general, but by those husbands, fathers and brothers, whose eyes should surely be the first to detect any taint upon the character of wife, daughter or sister. Moreover, the social status of these people is not that of the rude peasant whose lewd pranks are the result of his ignorance, but that of the most highly cultivated and refined among us. These are the people who are expected to lead the world in all that is elegant and desirable; and the tango, forsooth, is one of their arts, one of the choice products of their ultracivilization—brought to perfection by the grace with which God has gifted them, adorned by their wealth, and enjoyed by their high-strung sensibilities.

It must not be understood that all who dance do so from impure motives. Such certainly is not the case. Let us not, like Lycurgus and Mahomet, feel that we must cut down all the vines and forbid the drinking of wine because it makes some men drunk. There are undoubtedly very many men and women who can and do dance without an impure thought or action, who take a reasonable pleasure in one another's society and can rest content with such rhythmic graces as true refinement teaches them are modest, without leaping the bounds of decorum. But there exists in even the so-called upper classes of society a large number of those who without obvious mental or intellectual defect are possessed of marked immoral and criminal tendencies, and the license afforded by the modern dance furnishes them unrestrained opportunity for the practice of what might be termed social sensualism and the contamination of the hitherto innocent and undespoiled.

That the modern dance will be reformed is certain, that such reform will be slow in coming is equally certain because it will be opposed by those who are optimists through ignorance as well as by those who know the veiled and subtle pleasures of the maxixe, the hesitation, the one step, etc., and find "the fruit of the tree of knowledge" far too sweet to be hedged about, as "forbidden."

Without question one of the most important factors in forming the habits of society and of determining its moral tone is the influence of woman. Whence comes this mighty power in woman for good or evil? It does not emanate from dazzling beauty nor from heroic attainment, not from the graceful plaything nor the useful drudge. Rather, it is an intangible, indefinite something, the outward expression of the spirit within, which makes of woman an inspiration to man and largely determines his mental and moral worth.

The modern so-called feminist movement, by which women are pushed forward into the vocations and activities of men, which encourages them not only to participate in nondomestic, commercial, industrial and even political life, but also to imitate the vices as well as the manners of men, cannot fail to have a deleterious effect upon public welfare by vitiating all those finer sentiments which hide behind the native veil of womanhood.

We hear much talk of woman's emancipation. Emancipation from what? Too often it is emancipation from those domestic and maternal virtues which go to make of woman the originator and conservator of all the world's greatest and best, which render her capable of molding the character of her children for the world's greatest good, which fit her for the function of forming the habits of society and aiding in its moral uplift.

It does not seem reasonable to suppose that the present trend of thought and action engendered by the feminist movement provides a desirable foundation for the character of her who now, more than ever before in the world's history, is needed to be the moral and intellectual support of the world's workers. Today more than ever, because the modern strife for transcendent excellence makes specialism a necessity in life's busy activities, and thus results in the neglect of those virtues of refinement which our nature needs.

It may be safely affirmed that modern civilization must look to woman to compensate for this neglect by the cultivation of those finer and higher sensibilities which man's work-a-day life tends to dwarf. Here is woman's sphere. Here is woman's genius. Its fullest possible development should be the goal of the ideal woman and would be a much needed deterrent to the wave of present day folly and vice.

Strife for a "career" and the manifold activities of the "advanced woman" may serve some good purpose, indeed may in rare instances be an economic necessity. The innumerable frivolities participated in by the up-to-date society woman, who like the river sponge is forever saturated with the passing streams of fad and fashion, render her life as busily useless as the babbling stream that hurries by a ruined mill.

In either case the tendency of this feminine unrest is to crush out the sentiment of domesticity, that quality of home making which should be innate in every woman, and to wean away from that maternal instinct which in its fullest development does most to relieve the battle of life of its hardness, its hopelessness, and its brutality.

Some one has said, "Thank God we are all born of mothers, and never can quite leave our cradles behind us." Never more than today has human nature stood in need of mothering; never more than in these feverish times has poor tired humanity needed the help of sympathy, kindness, tenderness and devotion. Never was there a man so great or so self-reliant that at some time he did not long to turn from the battle of life to the mother heart. Yet at times it would seem that the mother idea had gone out of fashion. "Woman's interest has broadened," we are told, she has "broken her fetters," "burst from her bondage," "achieved her independence." In the exchange of the pure sanctity of home for the sordid satisfactions of publicity how little she has gained and how great the loss to civilization.

The hope of the nation lies in a renaissance of home life and the awakening of woman to the grandeur of her mission to mother the weary world. Such a reform would constitute a sociologic influence tending to decrease crime and purify the ballot far more surely than will legislative enactments or woman's suffrage.

The sociologic phases which have here been considered as contributory causes of criminality are not presented with the foolish hope of working out any great moral reform, but from a sense of duty born of knowledge obtained from actual contact with all classes of society as well as from the wide and varied experience afforded by a busy practice.

The propriety of presenting such a paper before a medical rather than a lay audience rests upon the conviction that physicians have better opportunity than the generality of men to impress upon the public conscience the dangers arising from errors of living and of thinking. It is necessary to know in order to judge, and to have the courage of one's convictions in order to impressively advise.

The practice of medicine no longer consists alone in dealing out pills and powders. The physician must concern himself with the education of the people as the first step in the prevention of those evils which lead to moral and physical sickness.

In conclusion permit me to quote from a personal letter written by the late Prof. Borden P. Bowne, one of the ablest philosophers of his time. Referring to certain sociologic problems he wrote:—

"We seem to be in a curious mental condition just now, a kind of deliquescence of intelligence where all hard and fast notions seem to be melting and where anything seems possible and everything seems credible. Perhaps we may in the past have been a little too dogmatic in spots, but this outbreak of superstition sufficiently admonishes us of the danger of any relaxation of good sense and the rules of evidence. I look on with perfect amazement at the vagaries of people supposed to be intelligent; but I trust that there will be a saving remnant that will prove a preservative salt."

It would seem to be the duty and privilege of the medical profession to be an active part of that saving remnant.

Discussion

Dr. Edward Beecher Hooker, Hartford, Conn.: I am in accord with what Dr. Richardson has said. Even dancing may be a source of harm when it is improper dancing. There should be municipal dance houses. That is one of the ways of preventing immorality—by giving wholesome amusement proper supervision. This craze of dancing which is sweeping over the country and is doing harm is doing good, too.

It is surprising how many corpulent, middle-aged women have been induced to join these dancing classes, and I hope it may be a permanent fondness for dancing. It is a wholesome recreation for many middle-aged people.

It is a curious thing how difficult it is for most of us to reason accurately and carefully. Dr. Richardson, while discussing the social aspect of some of these questions, brought in something which is purely political, viz., woman suffrage. We do not want to get into a suffrage debate. That is a question of the relation of the individual to the state, and has nothing to do with social relations. If you keep them clearly separate, it will save you a lot of confusion in studying this subject.

Dr. Cora S. King, Washington, D. C.: I want to say a word on Dr. Richardson's paper. I had the pleasure of being one of his students in Boston University, and I highly admired and respected him, and am pleased to meet him again after twenty-one years. I take the privilege of differing from him in some of his statements, which I do not wish to have remain on the record undisputed. Doctor Richardson would have women the sole custodians of the morals of the country. We doctors cannot approve of that, because we are taught that heredity is equal between father and mother. I thank God that I had a good mother, but I also thank God that I had a good father; and that he had good fighting blood in him. He was a colonel in the civil war, and it arouses all the fighting blood in me when I hear aspersions cast upon women.

I agree with what Dr. Richardson said about doctors, but I do not agree that you as men physicians are excused from influencing your women patients. Tell your patients about these things. The women must learn from those who are wiser than they, and if you are wiser, it is your responsbility to inform them, and it is you who are the custodians of the morals of those women in their ignorance.

Dr. Richardson has such charm, and is a man of such culture, and his manner is so impressive, that whatever he says carries all the more weight, does all the more harm, and is all the more confusing to the credulous. Woman suffrage was disposed of, in his paper, as if it were an academic question, whereas it is in practical operation in ten states and Alaska, the women constituting one-fifth of the electorate of the United States. In a conversation with Dr. Richardson, after the noon adjournment, I asked him if he knew how many women voters there are, and he said he did not. I told him there are 4,000,000 women voters, and I am proud to be one of them. The District of Columbia, where I am sojourning for a few years, has no votes for men or women, but I am a citizen of the state of Washington, which has conferred the suffrage upon women.

Dr. Willard A. Paul, Boston, Mass.: I want to answer in a small degree—as much as I can in three minutes—Dr. Richardson's paper. The paper was perfect in literary style, in language, in sentence after sentence, in word after word, in modulated tone, and that was the reason it offended me. It did offend me—it offended me

greatly that there should be brought into this meeting a political topic. The paper was an *anti* paper, a paper opposed to woman suffrage. I think all the points leading up to it were incorrect, except as to tone and as to modulation, and as to flow of language. We were left entirely with the idea that women were to blame for most of the evils. Now, I want hurriedly to go over that ground. The three most important evils that come before anybody are commercialized vice, rum and tobacco,—no three greater evils exist. Men have controlled these things, and men are the ones who are benefited or harmed, whose pleasures are catered to by these things. For three thousand years men have permitted commercialized vice. I differ from Dr. Hooker, but I believe commercialized vice could be stopped in six months, if men wanted to do it. I believe women are coming to the front, and in five years in every state commercialized vice will be taken care of.

We have trifled for years with rum, and it is a greater evil today than ever before. I believe when women come into full citizenship they will take care of rum. Will the mothers of the world permit their sons to lie in degradation, and in this sort of ill health, which Dr. Richardson depicted to you this morning? He drew the pictures, but placed them wrong. Woman, as she comes into the full privilege of the ballot, will take care of the rum question. We have never gone at it right. We should go to the source of the trouble—the manufacture. I believe that within five years we shall have national laws upon the statute books, making the manufacture of all liquor containing more than 10 per cent alcohol an offense, punishable by law. It is an evil wonderfully difficult to remedy. It represents a billion dollars a year. The best talent, the best buildings, the best everything is put in its manufacture, and you know the result.

Many lives of young men are also cut short by the cigarette.

THE CHARM OF THE MEDICAL PROFESSION

After a little general practice, so that he may study his fellow man as a complex unit and not as an eye or a stomach or an incubator for bacteria, the doctor has a wider choice of work than can be found in any other calling. If he is interested in people as people, he may stick to general practice and learn more about his kind than even his near relative, the minister. If he doesn't like the disagreeable details of dealing with people, he may put on a white apron and devote himself to test tubes, the incubator, and the microscope. Research work, out on the ragged edge of human knowledge, has great fascination for the doctor who is naturally a thinker; and each one believes, rightly enough, that he may run down the cause of whooping-cough or scarlet fever, or the greatest of our enemies, cancer. The man in the laboratory has the last word concerning diagnosis, and it behooves the practitioner to keep on good terms with him and ask him all the questions he has the patience to answer.

Alice H. Bigelow, in Bostonia.

THE TOTALITY OF SYMPTOMS*

By Samuel R. Geiser, M. D., Cincinnati, Ohio

The single remedy, the minimum dose, and the law of similars are recognized, though not always followed to the letter, by all intelligent homœopathic physicians; and some even in the more dominant school advocate—in a manner—this method of procedure.

It is conceded, for instance, by an old school writer (Cohen) that a fraction of a dose of tuberculin equivalent to the 6th or 9th decimal attenuation of the homœopathic scale, given internally, may act favorably in the management of, or even aggravate, tuberculosis; and again, another old school writer contends that a small dose of a 1 to 12000 solution of corrosive sublimate will cure dysentery; hence, if the action of these doses be material and not dynamic, the minimum dose at least enters into the process of cure. But when we enter the realm of the totality of symptoms, we engage in a difficult problem; one that not only dims the mental horizon of the old school physician, but that of the greater number of homœopaths as well. In the selection of the simillimum by the totality of symptoms it is indeed oftentimes a difficult matter to discriminate between important and unimportant symptoms. We are unfortunately not always able to differentiate between insignificant symptoms and those of a more serious nature, and until we can properly discriminate between general, common and particular symptoms, and their relation to each other and to the disorder to be treated, we shall encounter difficulties. We all know what Hahnemann says, concerning this; viz., "that the more striking, singular, uncommon and peculiar signs and symptoms of the case of disease are chiefly and most solely to be kept in mind," and he advises to pay less attention to general and undefined symptoms, such as loss of appetite, headache, debility, restless sleep, discomfort.

In our search for the totality with which to combat disorder we are therefore supposed to find a group of symptoms which are *uncommon, rare and peculiar,* and which characterize the symptom-picture, whether such symptoms be few or many. In some forms of disease not many symptoms may be necessary to complete the totality.

*Bureau of Homœopathy, A. I. H., 1914.

The multiplicity of symptoms of which many may be of little consequence is not a necessary sequence to the totality. Here we may meet difficulties in the selection of the remedy. Again, we meet with cases that have very few symptoms that are of importance. In order to illustrate this point in a practical way, a case of nocturnal enuresis of unusual obstinacy may serve. I do not report it as a brilliant or as an unusual result, but to demonstrate the difficulties we sometimes encounter in the selection of a drug according to the totality of symptoms, especially where few symptoms are present. The case may appear "simple, unimportant, irksome, of a psychic nature and uninteresting to the average physician," but of much moment to the mother. In this case I encountered a disorder that had failed to respond to the best methods of the more dominant school. Shall I pass it by, or demonstrate to the scientific world that, in some cases, at least, the law of similars is superior to empirical methods. Unless we can prove that at least some cases can be cured by the therapeutic method of homœopathy, there is no longer need of our existence as a separate school of medicine.

Enuresis is generally supposed to be a neurosis or nervous reflex of the bladder. It is doubtless many times a complex phenomenon, and though almost any treatment may at times be rapidly curative, and again may end abruptly without any treatment, many are inveterate and do not cease until puberty, owing probably to a better development of all the muscular tissues of the genito-urinary tract. The greater number can be cured in a comparatively short time by proper medication. A boy four years of age, living in Baltimore, and apparently in perfect health, is afflicted with obstinate enuresis nocturna, which has resisted the efforts of several physicians of that city, graduates of the great institution of learning and radium exploitation there located. I had several letters from the mother relative to the disorder, but had no symptoms upon which to base a satisfactory prescription. The information I received was that the boy had nocturnal enuresis, and it was stated in the letter that aside from that very annoying and disgreeable feature, he was a perfect specimen of boyhood. There was nothing in the letter that pointed to anything differing from the usual symptoms characterizing the disease than by name; in fact, I had a symptom rather than a disease to con-

sider. I sent some causticum without benefit. I then sent kreosotum with a similar result.

Having been in charge of other physicians, accessories in the management had been carefully gone over, such as no meat diet, elevation of the foot of the bed, directions to lie on the side and not on the back, to abstain from fluids in the evening, and to be taken from the bed during the night. He had been circumcised; a possible cause from adenoid tissue in the pharynx was not found by a specialist. In short, it was impossible for the physicians there to find anything in the case that was pathological.

The boy's grandparents were residing in Cincinnati and he was sent on for treatment. From a physical standpoint there was absolutely nothing to be elicited. A robust, dark complexioned boy seemingly in perfect health was the patient. Further than an arthritic tendency on the grandmother's side there was nothing of importance in the family history. Analysis of the urine, aside from being highly acid and brownish in color and of a very repulsive odor, was negative. It was impossible to find a single factor or a group of factors that could be directly responsible for the condition, except the repulsive nature of the urine and that the accident occurred chiefly during the first sleep. For enuresis during the first sleep, sepia leads; while kreosote and benzoic acid are second in line of pathogenesy.

The general action of benzoic acid, as we know, produces symptoms of uric acid diathesis, and upon the urine repulsive odor, changeable in character, though it is now contended that benzoic acid does not dissolve nor lessen the uric acid excretion. While the *particular symptoms* are often mental and of much importance, they are often wanting, as in this case, and when present, sometimes difficult to elicit. The only unusual, or peculiar symptom in the case was the condition of the urine as a guide. There was a correspondence, a resemblance of conditions that were alike, in other words, a symptom similarity between drug effects and disease effects which constituted the totality according to paragraph fifty of the Organon, and led to the selection of benzoic acid, which very soon brought permanent relief, eighteen months having gone by without a return of the trouble.

In my mind the philosophy of the scientific process is

difficult to explain. Whether as small a dose as the sixth decimal dilution of benzoic acid infrequently repeated acted on the mucous membrane of the bladder as an alterative antiseptic, or whether a uric acid diathesis was eliminated, or perhaps a local atony or an increased sensitiveness of the neck of the bladder was removed, or whether a new impetus was given the cells of the tissue of the genito-urinary tract which had become intoxicated, or whether there was a readjustment of some disturbed, impalpable, invisible, immaterial force, I cannot prove. Whatever theory of cure we may advance, benzoic acid was the agent which had the power to restore the lost harmony of function by a symptom similarity.

Another case may serve to illustrate the difficulties with which we sometimes contend in finding the proper remedy by the totality of symptoms, where there are many symptoms. A man fifty years old presents himself with the following history: For fifteen years he has endured the "torments of the damned," as he expressed himself, with so-called autumnal catarrh, or hay fever. In this case, however, the trouble would begin early, sometimes in June or July, and would persist until severe frost. Various methods, specialists, and resorts known to benefit this disease had given little relief. The great distress from coryza, headache, cough, asthma at night, made the patient very low spirited. Here we have a group of symptoms common to all cases of hay fever in greater or less degree; naturally numerous remedies come to mind, as euphrasia, arsenic, nux vomica, allium cepa. Mentally this man was very melancholy, with much dull headache, excessive burning, but non-excoriating lachrymation, with redness of the eyeballs and profuse watery discharge from the nostrils, which was acrid, burning and excoriating. Much hoarseness and oppressed asthmatic breathing at night were marked symptoms. There was much burning in the urethra with urging, urine very red in character. Without discrimination, arsenic would seemingly meet the totality, but great relief in the open air, and the nonexcoriating discharge from the eyes and an extremely excoriating discharge from the nostrils were the unusual and distinguishing features which led to the selection of allium cepa. Relief came in reasonable time, the patient was made very comfortable—not cured—and for the first time in fifteen years he was practically free from

distress and was able to attend to his business, which was a very responsible one. It may be mentioned in passing, that, as these cases had been under excellent medical counsel, and all possible accessories had been regarded; and in order to test the efficacy of the remedies, dietetic measures, habits, environment, and mode of life were not discussed.

It is not within the province of this paper to demonstrate the scientific part of this favorable result of treatment. It must here suffice to say that science is by no means confined within the four walls of the laboratory, nor alone by the clinician. The great present-day problems are those of practical application and not those of pure science. A practical demonstration is worthy of repetition, and repeated successful demonstrations are worthy of some recognition, until medical science becomes a science in fact. We are not yet in Utopia, nor will we likely be there for some time to come.

The practical and scientific study of medical problems are part of the work of every practician, regardless of the department in which he may be mostly interested. All physicians owe it to others to contribute their quota, however small, to the sum of medical knowledge. This should be accomplished in a true spirit of unselfishness and truthfulness, setting aside all motives of self-interest, and above all commercialism. Surgery has made wonderful strides and has now come into its own in research and there remain for the student of diseases in manifold phases many problems which have to do with disordered function rather than the surgical correction of tumors, growths, etc. And where is there a greater field open to us than along the lines of similarity of drug action? Along these lines the field is still virgin. From evidence, both clinical and experimental, we must form our conclusions. To accomplish this end, the work of the clinician and that of the laboratory should be co-operative, and not antagonistic.

Discussion

Dr. C. M. Boyer, Parkersburg, W. Va.: In a footnote to §7 of the *Organon*, Hahnemann condemns allopathic suppression of single symptoms. In §58, he also warns against paying too much attention, in a one-sided manner, to a single symptom, thus not only failing to relieve the totality, but actually favoring an ultimate aggravation, in one form or another. In §172 and §173 he speaks of cases which

have too few symptoms, or one-sided diseases, which in §177 are said to be of very rare occurrence; then in §178 he says the similar remedy for such a symptom may sometimes also remove the whole disease, more especially if the symptom be of a striking, uncommon or peculiar nature. If, however, the applied medicine be imperfectly homœopathic the whole picture will be so modified and developed that it will then show plain indications for the more fitting similar; see §180. The whole matter really hinges upon the finding of the correct remedy for a partially developed symptom syndrome.

In building up such a symptom totality I am much inclined to think that too little attention is ordinarily paid to the mental status of the sufferer, although his animus may often be only too evident. But the master key to the situation is here, and it is also here as well that many prescribers utterly fail, because they can not read the indications, which should in reality be plain enough to the close observer. Let me warn you that a study of microscopic sections will never make up for deficient powers of general observation. If we expect to lift the incurable into the realm of the curable, the longest way round is by taking the findings of pathology as our guide.

Overshadowing single symptoms are usually violent outbursts of psora, made so by some special cause, which may be most difficult to detect in this very complex modern life of ours, where every variation from the normal course of events is met by some violent form of suppression, and nature has a very hard time to show her real self. Viewed from this angle, renewed searching out usually brings forth much that will help to complete the true image and thus facilitate the choice and hasten the cure.

The doctor cites single symptom cases that seem to have been marked by being in themselves peculiar, strange and uncommon, although they did not appear so at the first glance. But when this was once seen, the way of cure was plain and made easy. This is often so and leaves us little to criticise because, forsooth, we may not grasp their full import from the beginning. It is perhaps not too much to say that most cases are spoiled when the first prescription is hurriedly made without the calm deliberation which makes for correct judgment. Here placebo is a fine remedy until we get to know more, hence guess less.

Dr. E. Petrie Hoyle, London, Eng.: Reference was made to hay fever, and I would like to tell you of interesting work going on in London. It substantiates what Hahnemann said one hundred years ago. It is the use of pollen inunction. For several years cases of hay fever have been treated by simply rubbing one or two drugs in the bend of the arm; and this in the hands of allopathic men, who thereby substantiate homœopathy.

As to enuresis. There is a record on the books of the Hahnemann College in San Francisco. Two boys, victims of chronic enuresis, the despair of their mother and unrelieved by allopathic treatment, drifted to the clinic. Because the mother had been cured of certain leukorrheal symptoms by medorrhinum, I gave a dose or two to the boys. They were cured in two nights.

Dr. C. M. Boger: Let me remind the doctor that a large percentage of cases of hay fever can be cured, some radically, some for two or three years, with arsenicum iodide, one dose nightly for three nights then *placebo.* I use the 7x, one powder at night. Some cases require psorinum afterwards the next year, but most get well on arsenicum iodide, especially those aggravated by dust.

Dr. F. L. Newton, Boston, Mass.: The indefiniteness of your diagnosis explains, perhaps, why one remedy cures one, and another remedy cures another. I want hay fever defined, and if possible, find the cause. Asthma is a symptom, and can be treated homœopathically. But my experience with asthma is that it covers a broad field, and is absolutely incurable in a large percentage of cases. It is a symptom dependent upon a condition which should be sought for carefully. I have found most severe cases of asthma the result of gallstone, having nothing whatever to do with the respiratory tract. I believe rose cold could be cured, by selecting a remedy from the plant supposed to be the factor in producing the rose cold. Wasn't it Arson Flint, Jr., who could not sleep on a feather pillow? His fellows laughed, and they secured a small feather pillow and slipped it in his bed; and he got up in the night with a violent attack of asthma. Asthma is a symptom of a condition which homœopathy will control through the interpretation of the symptoms. It is a neurosis. The essayist never found anything the matter with the boy. Now, sometimes, a good spanking cures a neurosis. Why? It is a subconscious condition. But severe treatment of a neurosis results sometimes disastrously. I have in mind a case of convulsions following punishment. I would not institute very severe treatment for a neurosis in a child.

Dr. W. S. Hatfield, Cincinnati, Ohio: The pathological prescription is always questionable. Just a short time before I came away a patient came to me for an inveterate and aggravating case of itching which had lasted for over thirty years. It was relieved because of the prescription being based upon the symptoms present of headache, calling for belladonna. I ignored the itching, prescribed on other indications, and gave her relief which she had not had for over thirty years.

Dr. Samuel R. Geiser (closing the discussion): I want to say the case of enuresis had gone through the punishment stage before I saw it. The man with hay fever was not purely asthmatic. He had some asthma at night, although that was not the only distressing feature. The discharge from the eyes, from the nostrils, and the hoarseness were the more distressing. He had had all kinds of treatment by specialists. He was that kind of patient where pretty close prescribing was necessary in order to help, and allium cepa was the remedy.

Creative work brings every faculty into play and induces a sound and healthy judgment.—*Eucken.*

THE SOCIOLOGICAL ASPECT OF MENTAL DEFECTIVES*

By Albert Rowland Garner, M. D., Norristown, Pa.

The term "mental defective" includes the feeble minded, imbeciles, idiots, epileptics, criminals, the deaf and dumb, etc. The imbeciles and feeble minded especially will be discussed in this paper, and what is said, however, may apply as well to the other classes. Compulsory education, school medical inspection, mental tests and social workers have brought to light imbeciles that were previously not recognized as such. The institutions for the care and training of the imbeciles and feeble minded are all full and yet more than half are free and unguarded. This fact makes some of us realize the increasing greatness of the problems and troubles in the near future.

That heredity is the most potent factor in the procreation of the unfit cannot be denied or ignored. From the earliest Biblical times, it has been recognized that like begets like. All nations today even point to the old Greeks when they led in civilization and the finer arts. And the Spartans, who always will be esteemed for their physical perfection, considered it necessary to fall in with nature's undisputable law of the survival of the fittest. Many other early and powerful peoples realized the necessity of conserving the strong at the expense of the weak.

If any present are not clear about heredity, it would be worth while to read some of the works of Galton, Pearson, Spencer, Darwin, Bateson, Yule, Mendel, Thompson and Goddard. Dr. Goddard[1] tells me that the present-day scientists adhere to the Mendelian formula in heredity. If both parents are feeble minded, all children are feeble minded, etc.

It is a fact that the sexual instinct is either the strongest or next to the strongest of human and animal instincts. Given these instincts with no control or inhibition or sense of moral responsibility, the reason is plain enough why the imbeciles multiply twice as fast as normal mankind. Their known

*Bureau of Clinical Medicine, A. I. H., 1914.

[1]"Mental Defectives," by Henry H. Goddard, Ph.D., Director of Research, New Jersey State Training School for Feeble-Minded Children, Vineland, New Jersey. Macmillan, July, 1914.

reproductiveness plus their positive degenerate tendency presents to the American people an important sociological problem.

Permit me to present some few experiences of Dr. Martin W. Barr, Chief Physician, Pennsylvania Training School for Feeble Minded Children at Elwyn, Pa. (And may I pay this little tribute right here, that I know of no man more gentle, thorough, and capable in his particular line nor of one commanding so much respect and esteem equally from pupils, colleagues, the medical profession and lay people as does Dr. Barr.)

(a) To quote Dr. Barr: The family histories, collated in the institutions and hospitals of our land, form in themselves a library of tragedies which should convince the most skeptical of the magnitude of race suicide, increasing with each generation. My own study and observation alone, of over 4,000 degenerates, shows such examples as: A man aged 38 years, the father of 19 defective children, all living, he and his wife both under par mentally; as was another couple with 9 imbecile children and an idiot woman with 7 idiot children. A forcible instance is that of a man with 2 daughters and 1 illegitimate grandchild, all feeble minded. The father served as a juryman, and shortly after, application was made for his admission to the training school for defectives of which I am in charge. One might say there was a clash of rights in this instance. Which? Is the individual or the public to be considered? I could name a family, one of the proudest in the land, where there are 5 children, an aunt and 2 uncles all feeble minded.

Yet another, which in seven generations, numbering 138 individuals, records 10 still-born children (premature births), 16 insane, 17 imbeciles, 3 epileptics, and 32 with mental peculiarities, so pronounced as to occasion remark. Of the 138, there remain 80 apparently normal, who are, nevertheless, hopeless slaves of a neurotic heredity, direct or collateral.

In a study of 15 imbecile girls, 3 were recognized prostitutes, 9 had each 1 illegitimate child (2 being the result of incestuous intercourse with brothers) one had 2; two epileptics had, the one 3, and the other 4 idiot children.

Four feeble minded women had 40 illegitimate children.

A feeble minded woman living in an almshouse since early

childhood allowed to go out to service periodically, had given birth to 6 illegitimate children, all inheriting her defect.

An imbecile drunkard is the father of 3 feeble minded children. The daughter, seduced before the age of 16, gave birth to an idiot child, one son is a harmless imbecile, but the other is a moral imbecile, a sexual pervert, a thief on the streets, and a pyromaniac, firing in sheer wantonness a large mill property.

Another shows the entire family for three generations below normal. Father, mother, mother's sister and father's uncle, all imbecile, 5 children feeble minded.

One insane woman, whose brother and sister committed suicide, had 5 sons. The oldest feeble minded, a drunkard and a hobo, had one son, a criminal. The second son, insane, had 3 imbecile children. The third, an insane epileptic, had 3 imbecile sons, one of whom was an epileptic. The fourth son was insane. The fifth, apparently normal, had a moral imbecile son and an epileptic daughter.

In these cases, do we note the right of the individual to bless or to curse the race, and where may we trace the beneficence of law protecting him from society and society from him? Echo answers, "The rights of the individual must be maintained." "Who dare tamper with them?" cry some of our legislators. "Yes, he must be allowed free exercise, even if he does poison the life-blood of his neighbor's family with his vile infusion."

Professor Puellman of Bonn University studied the 800 descendants of a confirmed drunkard for six generations and claims that they cost the state $1,208,000. The familiar 709 Jukes in 75 years cost the people of the United States $1,308,000. The "tribes of Ishmael," descendants of an escaped convict in the seventeenth century, were studied for 48 years, and the degenerates numbered in the thousands, but I was unable to learn the cost for caring for the dependents.

The high, low and idio-imbeciles do not present the greatest problem.

There is a large number of moral imbeciles, who come from all classes, rich and poor, educated and uneducated. This class, besides reproducing many of their kind, are spreading most vicious, degrading and demoralizing influences on normal boys and girls. The teaching of school hygiene will be an

easier problem, when the public schools, as well as the public, are protected from this class of polluting degenerates, inexpressible in their vileness and harmfulness. Let me tell you of a case which came to my notice only a few months ago.

A convalescent typhoid boy of sixteen, a patient, expressed a fear of having a friend of thirty-three, a member of the same vested choir, call on him. The mother being suspicious and knowing that I lectured on hygiene at the local high school, turned him over to me for further questioning.

The following I believe to be true. This big rascal imbecile not only taught the choir boys to masturbate by illustration and assistance, but gave them public demonstrations of coitus and wasting the discharge with a feeble minded girl, member of the same church. After both imbeciles had been removed from all active church work, and the big imbecile brute brought before the church officials, etc., didn't he further prove his imbecility by circulating a petition to be reinstated in the choir! Now, if this fellow were a eunuch, he could be made a most useful and harmless pack horse in the community.

(b) Dr. Goddard says that results of investigations show that at least 2% public school children are mentally deficient, and incapable of taking their places in society. Dr. Goddard also says that it has been amply verified that there are over 15,000 mentally deficient school children in New York City schools. With my seven years' experience as a public school medical inspector in the Norristown public schools, I can testify to this being a conservative estimate. In a letter received from Dr. Goddard, he says, "The number of defectives in the United States is estimated from 200,000 to 300,000. I am afraid the latter number is not too large."

We are certainly safe then in saying that 250,000 imbeciles should be segregated for their own training as well as to protect the public. $200 to $300 a year, and even more in some institutions is the cost for maintenance of an imbecile. It would cost $62,500,000 a year to protect our nation from the baneful influence of the irresponsible nonmoral and dangerous defectives by segregation.

Thirteen states have surgical laws permitting surgical interference. Several years ago, Indiana passed certain laws to prevent procreation of confirmed criminals, idiots, imbeciles, and rapists.

(c.) H. C. Sharp of Indianapolis, who was for thirteen years Chief Physician of the Indiana State Reformatory, performed vasectomy on several hundred. This operation is simply ligating the vas deferens. It positively stops procreation, is neither painful nor serious, and there is no cystic degeneration of the testicle.

(d) Dr. C. V. Carrington, Surgeon, Virginia Penitentiary, and others who have performed this operation claim that the inhibitory centers are greatly strengthened, that the operation has cured many profound masturbators, given neurasthenics more strength and better dispositions, has made vicious criminals and imbeciles more amenable to authority, and more civil to their associates. It is also said that normal sexual desire or function is not in any way injured. Therefore man's liberty is not abridged.

Dr. Barr and many others feel that castration is the better treatment, as the results are more positive and permanent than by vasectomy. Castration is not only a positive preventive of procreation but is decidedly beneficial mentally and physically. Vaginal fallectomy is not necessarily serious and especially when one considers the benefit. It is the only positive cure for a certain class of prostitutes. Consider for a moment how many imbeciles there are who might be self-supporting if they were sterile. Surgery would permit at least 25% to be free from dependency. If all of the imbeciles were segregated, that would mean $15,000,000, annually. There have been imbeciles keen enough to realize the baneful influence of their abnormal sexual desires and have pleaded for castration. Also there are many castrated imbeciles, who have expressed their satisfaction at the benefits ensuing the operation.

We should not allow maudlin sentimentality to interfere with a clear and comprehensive view of the problem. Those sentimentalists who claim that individual rights are being interfered with by surgical measures are not such advocates of individual rights when there is a smallpox sign on their neighbor's door, or when gallons of impure milk from the cans of their dealer are poured into the sewer by the authorities. The harm created by smallpox and impure milk is but temporary and superficial compared with the devastating effects of one imbecile with his possible thousands of degenerate posterity.

Then, too, taking the financial and conserving point of view, Congress spends annually millions for the protection and development of the plants and animals of our country. But thirteen of our states have passed laws for the prevention of degeneracy in the human race, and for protection of pure blood. Two of these states, New Jersey and Iowa, have declared their laws unconstitutional. To be sure, laws relating to this subject are apt to be either too lax or too rigid. To overcome difficulties and to insure justice and economy, there should be a commission of representative men from the professional and business world.

(e) Descartes says, "If it be possible to perfect mankind, the means of doing it will be found in the medical sciences." After we have once come to a full realization of the unending and pernicious poisonings that are unnecessarily permeating our social life and being handed down from generation to generation, increasing our taxes and impoverishing our blood, can we, representatives of the noble profession of medicine, shirk the responsibilities that are peculiarly ours and let indifference or sentimentality annul our sacred vow—to benefit and protect mankind?

Discussion

Dr. Hooker, Hartford, Conn.: There are 2 per cent defectives among all school children. In New York that means 15,000. In every one of our public schools, the Binet test should be applied, the defective child should be segregated and given special instruction. Thus he will acquire more and will not hold back others. Forty to 50 per cent of prostitutes are mentally defective. I believe in shutting up the houses of ill fame, rather than segregation.

Dr. Montfort Schley, Buffalo: In Buffalo and Erie county we have a man who has advanced ideas. Instead of segregating cases of deficiency, he sends them to a nerve specialist. They are watched for an indefinite time, one to six months, until we are sure what should be done, and then instead of segregating, they are assigned to different homes, for instance, one family of five teachers takes children. These children are registered, so they can be kept track of the rest of their lives. The cases of girls of child bearing age that we cannot control are sent to Newark to an institution for feeble-minded. After the menopause, they are sent out into the world again.

Bibliography—
A. Reprint from "The Alienist and Neurologist," Vol. 33, No. 1, p. 5, Feb., 1910, St. Louis.
B. Indiana Bulletin of Charities and Correction. December, 1912, p. 424, from "The Child," Sept., 1912.
C. Journal American Medical Assoc., Dec. 4, 1909, p. 1897.
D. Hereditary Criminals, p. 2. February 15, 1910.
E. Mental Defectives, p 92. Barr-Blakeston, 1904.

DIAGNOSIS OF ACUTE ABDOMINAL CONDITIONS IN CHILDREN*

By Herbert W. Foster, M. D., Montclair, N. J.

Twenty odd years of private and hospital practice have impressed strongly on my mind the importance of this subject, especially to the general practitioner, on whose shoulders rests the responsibility of an early diagnosis which almost always is naturally followed by intelligent and successful treatment, reference to which will be only incidental in this necessarily brief resumé.

I know of no more fertile field for serious and even fatal blunders than is covered by the above title. When doctors now and then overlook serious troubles that may seem slight on casual examination and usually through carelessness, how easy it is for mothers to postpone calling us, meanwhile using household remedies, for seemingly slight illnesses which may pass the ideal time for treatment before we even see the patients.

Failure to carefully examine all acute abdominal cases is sure to lead some of our patients sooner or later into serious trouble and ourselves into embarrassing experiences.

When blood counts began to be made and studied but a few years since, many thought the difficulty in distinguishing between medical and surgical cases was over, but further knowledge of hematology showed that we might be easily mistaken by depending too much on the blood count; that, for instance, an influenza might show a blood picture theoretically calling for immediate surgical interference; and on the other hand, a case with a gangrenous appendix could show a normal blood count, so now, we regard blood count as only one of the important aids in diagnosis, which, added to the sum total of the clinical picture, including temperature, pulse, and respiration, facial expression, position of patient in bed, mental attitude—whether dull or not—*sensitiveness and rigidity of abdomen*, evidence of tumefaction, condition of excretions, etc., all must be taken into careful consideration; and even then, the most careful diagnostician is liable to error.

In serious cases where we are in doubt, after exhausting all the means at our command to make a diagnosis—if then

*Bureau of Clinical Medicine, A. I. H., 1914.

we must take a chance, I believe it is better for us to err on the side of surgery. A skillful surgeon will seldom do the patient harm, and delay in case of necessary operation, even of a few hours, may result fatally. Surgery will always clear up the diagnosis, and, when timely, usually effect a cure.

In my title I refer specifically to children, because it is the general experience that acute abdominal troubles progress much more rapidly, and are therefore much more serious from the standpoint of an early diagnosis than in adults.

Let us take up the more common acute abdominal diseases which in practice are most liable to engage our attention, and which we sometimes confuse.

I. **Acute Gastritis** usually has a history of improper food, plus infection, usually with the streptococci. Sometimes there is a history of the use of irritant drugs in the etiology of this disease. Briefly, the symptoms are, temperature, rarely high, usually 101°-102°; pulse not alarmingly rapid; vomiting and retching persistent; the vomited matter often consisting of frothy mucus, which is sometimes streaked with blood; intense thirst for cold liquids that are immediately vomited; coated tongue, prostration; foul breath; diarrhea; proneness to recurrence of the acute attacks, and sometimes a tendency to chronicity. When the attack is caused by caustic drugs, the membranes of the mouth and throat may be white or gray in color; there is no abdominal rigidity or marked tenderness in these cases.

II. **In Gastroduodenitis** the symptoms are much like those just noted excepting that in about three days, icterus develops, which clears up the diagnosis.

III. **Acute Appendicitis** is very rare before the second year. It is too and a half times as common in males as in females; is predisposed to by chronic constipation. The symptoms are pain which is more apt to be general in the abdomen than in the region of the appendix, often more marked around the umbilicus. Tenderness is usually in a small isolated spot in the right iliac fossa. Temperature is not usually higher than 102° or 103°, but the pulse runs high and is snappy. Vomiting is always early and usually persistent, and there is generally a high total blood count, 20,000 to 30,000 or more *early in the case*. There may be a history of previous attacks which give us further ground for suspecting this trouble.

Appendicitis may be confused with colic, but the latter lacks the localized tenderness and fever. The attack is of shorter duration and the pain less intense. I find it a safe rule, that in children over two years old, in whom the above symptoms persist or increase in spite of careful medical treatment for 24 or 36 hours to consider seriously operative interference.

If all our cases of appendicitis came to us as clearly defined as the above symptoms would make them, we would have very little trouble in recognizing them. But what of a case like this:— On Saturday morning, February 21, I was called to see J. M., male, aged three and a half. He was dressed and about the house; temperature 101½, pulse 120, respiration normal, slight diarrhea, had vomited a little early in the morning; no abdominal sensitiveness noted. It seemed like a simple case of indigestion. I prescribed after rather a hasty examination and saw him again the next day at noon; found him in a stupor, intensely toxic, temperature 104, pulse 145, respiration 36-40, throat red, some glandular enlargement in the neck, respiratory organs and ears apparently negative; had vomited very little that day; abdomen somewhat distended, but no more so than might be in any febrile condition,—not rigid, and pressure could be made on the right side to the pelvic brim without showing sensitiveness. In the left iliac fossa there was slight pain on deep pressure. While I believed he was suffering from a severe influenza, he seemed so very sick that I obtained a differential blood count which showed a total leucocyte count of 43,000 with a polymorphonuclear count of 95%! A skillful and conservative surgeon was called who also made a careful physical examination, apparently looking for a central pneumonia. After excluding everything possible, and taking into account the fact that he had developed a little general abdominal rigidity since I had seen him three hours previously,—and on account of the tremendously high blood count, we decided to open the abdomen. We found a ruptured appendix and free pus. After a stormy convalescence he made a good recovery. This case was so like many others that I have seen in my own practice and in that of my colleagues, that it almost makes one determine to open every case that points to even a possibility of acute abdominal infection. On the other hand, we have all seen pneumonias and other infections strictly medical which gave abdominal symptoms for a

time, that made them easily mistaken for an acute abdominal condition which one would most naturally diagnose as appendicitis. The very best thought and judgment we can use in many of these cases is none too good, and with all the aids to diagnosis at our command, there is plenty of chance for error.

IV. In Acute Indigestion, there is a history of improper food, over-feeding, and perhaps unwise change of food, or conditions affecting the nervous system, such as exposure to heat, cold, or fatigue. The symptoms are colicky pain, restlessness and tympanitis soon followed by diarrhea. In infants the temperature is 104°-105°, and the prostration is marked. Sometimes we cannot make a positive diagnosis until diarrhea occurs. The stools are yellowish to green (due to biliverdin), are thin, and sour or foul in odor; may contain fat, but never blood. These patients do not have the abdominal rigidity or tenderness that go with local infections.

V. In Acute Ileocolitis, the symptoms are much like those just mentioned, but differ from those of acute indigestion by the character of the stools, which are odorless and contain mucus and blood.

VI. In Acute Amebic Colitis, which is rare in temperate climates, there may be demonstrated amebae in the stools; otherwise, the symptoms are much like those of intestinal indigestion.

VII. Intussusception. Here is a very important condition to diagnose and treat promptly. It is easy to make a hurried call on a baby to find it crying with a bellyache, give it a simple remedy and some directions to the mother, go on our way, and waste the first few precious hours of this child's illness. Three-fourths of these cases are under two years old, and males are oftener affected than females, about 2 to 1. Previous history is usually negative, which is an important point in distinguishing this from appendicitis. The onset is sudden; low temperature; recurrent and paroxysmal pain; vomiting is first of stomach contents and then bilious in nature, followed by prostration, and sometimes collapse. Pallor, feeble pulse, and apathy ensue. Early in the case the abdomen is markedly relaxed, which condition is soon followed by tympanitis, this also being an important point in the diagnosis.

The temperature soon begins to rise and may reach 106° toward the end of the case, when symptoms of peritonitis are

developed; the stools soon become bloody and mucous without fecal matter. A tumor becomes palpable in the left iliac fossa by palpation either through the abdomen or per rectum. These cases are most frequently confused with gastroenteritis or ileocolitis; but this picture of previous history negative, onset violent, pain paroxysmal, abdomen relaxed, followed soon by distention: early low temperature, bloody and mucous stools without fecal matter, prostration and collapse, and palpable tumor in left iliac fossa, very seldom lead us astray in this very important and serious affection.

VIII. Intestinal Worms are associated with foul breath, irregular colicky pains, inordinate appetite and frequent diarrhea. Diagnosis is cleared by finding segments of various tape worms or their ova in the stools. Round worms exist now and then, but are not very common, and often give no definite symptoms. When they do, they are much like those just enumerated.

IX. Hypertrophic Stenosis of the Pylorus has not been fully recognized until within the last four or five years. Personally, I have had two experiences with it, one of which resulted fatally. It may appear very early in infancy, and males are more prone to it than females. Vomiting is the essential symptom and resists all treatment while the trouble lasts, seems to have no exciting cause, may occur any time, even during sleep. The child emaciates rapidly, urine becomes scanty and concentrated. Epigastric waves are in evidence and a pyloric tumor becomes palpable after the disease has progressed a week or more.

X. Pott's Disease must not be forgotten under this title, as frequently the first symptoms of it are abdominal pains, slight fever and malaise. The diagnosis of course becomes established by the development of the knuckle in the spine, often associated with tubercular history or tendency.

XI. Intestinal Obstruction may be caused by

1. Intussusception (referred to above).
2. Strangulation from adhesions, hernia, diverticula, etc.
3. Volvulus.
4. Congenital strictures.
5. Foreign bodies, fecal inpactions, etc.

The three classical symptoms of intestinal obstructions from any cause are vomiting, abdominal pain and constipation.

The pain is sudden and colicky at first and may become very intense. Vomiting is of stomach contents followed by bile-stained matter, then fecal. The abdomen becomes distended and tender; the face is pallid and anxious, and skin pale and clammy, pulse rapid and feeble, and a general condition of collapse follows. There may be little or no elevation in the temperature; tongue dry and parched; urine scanty and concentrated; the leucocytes may run high, even to 75,000; peristalsis over the abdomen may be visible. With proper and prompt treatment we should never have occasion to see a case that this picture describes, but through neglect, they now and then reach the wards of the hospitals in this frightful condition.

XII. Visceral Injuries: In these cases the most important thing to decide is whether a traumatism has done sufficient injury to any abdominal viscus to warrant surgical interference. The history, location, and severity of the trauma, location and severity of external marks of violence, internal hemorrhage evidenced by pallor, shock, low hemoglobin and red blood corpuscle count; also by shifting dullness in the abdomen and flanks, and changes in the normal area of dullness or flatness over the different abdominal organs. Injury to the kidneys is generally shown by urinalysis which should be made after catheterization of the ureters, the urine from each kidney being examined separately.

XIII. Pyelitis, Pyonephrosis, and Nephrolithiasis frequently show acute abdominal symptoms which can be cleared up by careful urinalysis, sometimes supplemented by cystoscopy. Pain on micturition will now and then be the symptom which calls our attention to the kidneys as the organs at fault, in some persistent cases suggesting abdominal troubles, in which the urinalysis will clear the diagnosis. The x-ray has been made good use of as a diagnostic aid, with satisfaction in those cases where shadows are obtainable. Acute kidney cases sometimes causing acute abdominal symptoms often cause at first an unaccountably high leucocyte count, even 20,000 to 40,000 or more. It is well to bear this fact in mind, as a high blood count may sometimes suggest a urinalysis which may clear up the diagnosis.

In bringing this subject to your attention, big as it is, and short as is our time for it, my plea is for *more careful physical examination of all the cases that come to us,* especially abdom-

inal ones in children, a little delay in the treatment of which may prove so very serious. I would further urge that we do not hesitate to employ skillful conservative surgery more readily in this kind of work, even where the cases may not seem serious at first, if the diagnosis is uncertain. We will seldom, if ever, do harm, and in the long run will surely be instrumental in saving lives that are now frequently sacrificed.

THE AMBULANCE

'Twas a dangerous cliff, as they freely confessed,
Though to walk near its crest was so pleasant;
But over its terrible edge there had slipped
A duke and full many a peasant,
So the people said something would have to be done,
But their projects did not at all tally.
Some, "Put a fence around the edge of the cliff,"
Some, "An ambulance down in the valley!"

But the cry for the ambulance c arried the day,
And it spread through the neighboring city;
A fence may be useful or not, it is true,
But each heart became brimful of pity
For those who slipped over that dangerous cliff.
And the dwellers in highway and alley
Gave pound and gave pence, not to put up a fence,
But an ambulance down in the valley.

Then an old sage remarked: "It's a marvel to me
That people give far more attention
To repairing results than to stopping the cause,
When they'd better aim at prevention.
Let us stop at its source all this mischief," cried he,
"Come, neighbors and friends, let us rally;
If the cliff we will fence, we might almost dispense
With the ambulance down in the valley."

"Oh, he's a fanatic," the others rejoined;
"Dispense with the ambulance? Never!
He'd dispense with all charities, too, if he could.
No, no, we'll support them forever!
Aren't we picking up folks just as fast as they fall?
And shall this man dictate to us? Shall he?
Why should people of sense stop to put up a fence,
While the ambulance works in the valley?"

—*Selected.*

EUONYMUS ATROPURPUREUS*

By Alexander L. Blackwood, M. D., Chicago

Synonym, burning bush, wahop.

During the past year observations were made of the action of this agent on twelve persons, most of whom were students of the Hahnemann Medical College of Chicago. In the proving it was at first used from the tincture to 30x potency. As we were unable to elicit any definite symptoms except in one case with potencies above the 3x, the higher potencies were abandoned and those from the tincture to the 3x were employed. One of the provers who took the 30x recorded several symptoms that were in accord with those observed in persons with the lower potencies. It is interesting to note that the brunettes were most susceptible to its action. Of the eight dark complexioned provers each took but a few doses before there was complaint of headache, mental disturbances and much distress in the hepatic and renal region; the bowels were constipated. The blondes taking five drop doses of the tincture every three hours recognized it as a tonic. They felt fine, appetite was increased; when pushed to 30 and 40 drops every three hours it produced a relaxed condition of the bowels. The stools were soft bright yellow and contained an excess of bile, and they then experienced many of the symptoms of which the brunettes complained. None of the provers had any ill effects when the proving was over.

I am indebted to Clifford Mitchell, M. D., and E. J. George, M. D., for observations in their departments, also to Boericke & Tafel for the supply of medicine; also to T. Klueter Paul, Assistant Pathologist of Hahnemann College, for the following report:

Commencing April 18th, five guinea pigs were given the drug, three getting a proportional human dose 1-60 of a drop, and two getting five drops each. At intervals of one, two or three days, with exception of resting periods of a week at two different times, the guinea pigs were injected subcutaneously. The three beginning on 1-60 drop received doses increasing gradually to 5 drops. The pigs commencing on five drops received doses increasing to eight and twelve. Twelve doses in all were given with the following result:

*Bureau of Materia Medica, A. I. H., 1914.

1. A very marked increase of thirst.
2. A nice fat sleek appearance contrasted with pigs having otherwise the same care, which are only common looking.
3. Scabby irritated places at point of inoculation.
4. No increase in temperature.

At no time were the pigs noticeably uncomfortable and none showed any sick effects whatsoever.

Pathogenesis

Mind: confused (4), cannot think consecutively and has to make an effort to concentrate the mind on the work, despondent and low spirited, more pronounced the longer the medicine is taken; irritable and cranky, swearing, mind foggy, lassitude, stupor, loss of memory, slowness to find the proper word in talking, unable to recall familiar names.

Head: heavy frontal headache (3) passing to the occiput, intense, heavy and tiresome; worse towards evening and making one nervous and irritable, cannot endure it. Dull headache from any use of the mind; sore, tired feeling with mental confusion, bruised feeling of the scalp, relieved by gentle pressure and massage.

Pain over the right eye; it extends back through the head to a point opposite the ear and seems to go through the brain and not around the skull. Sensation as of an object lying in the brain tissue; this pain was dull and constant, increasing after each dose of medicine and diminishing until the next dose of medicine. Modalities: relieved when in a cold draft, on covering the eyes or on using a slight amount of pressure. A pain was noted below the left ear, it seemed to be very near the surface. Sensation was that of someone pressing hard on the spot. The pain was constant and disappeared on lying down.

Eyes: pain as if from over-strain of the eyes, pupils dilated, eyes (2) ache.

Ears: sensation of ringing.

Nose: watery coryza, with yellowish tinge, nares stopped while taking the medicine; burning sensation as though cold was developing.

Face: a few pimples appeared but soon left after repeating the drug and the complexion became clearer than usual.

Teeth: dull aching in the lower maxillary.

Mouth: dry with unpleasant pasty taste, burning, and smarting.

Throat: parched and dry.

Appetite: no desire for food, but ate when it was placed before him; appetite better than usual (blondes) longing for salty things, salt pork, bacon, salt fish; craving for acid fruits; relishes food that had hitherto been distasteful.

Stomach: nausea and vomiting. A pain was noted which would come on and disappear after each dose of medicine. Belching of gas continually; thirsty but not caused by a dryness of the mouth or throat, seemed to be a mental symptom; would find myself going for a drink without being actually thirsty. No matter how large or small a meal the stomach seemed full and uncomfortable following it.

Abdomen: two hours after eating felt weakness and distress, chiefly in the umbilical region; stool constipated, light colored, hard and knotty; diarrhea, yellow in color; diarrhea alternating with constipation, profuse and attended with nausea and severe distress in the abdomen; sensitiveness of the hepatic region, liver is increased in size. Great amount of flatus; there was a pain noted in the abdominal region, a dull ache and was constant with no relief regardless of pressure or hot or cold applications; slight rumbling could be heard at times, but not so very often. Before the passage of flatus there would be slight cramping pains, increasing in intensity if not relieved by emission; cramps intermittent, relieved by pressure; intense through the mesogastric region; pains were not the kind that made one double up, but there seemed to be little relief from walking about; a feeling of fullness and somewhat painful sensation from bladder to back, pressure in abdomen low down beginning third day and continuing as long as the remedy was taken.

Stool and anus: constipated and hard, light colored (in brunettes); looseness of bowels, stools thin and yellow; (in blonds) profuse and contain an excess of bile, much distress in the abdomen; flatus and deathlike nausea, vomiting. Stools dark brown and for the first three days of taking the drug they were watery; when they became normal in consistency, still dark brown, smooth in texture, passing readily. The anus was very sore during the watery stools; burning at the anus, relieved for a time by local applications of cold water; ineffec-

tual desire for stool; odorless stool; no relief from bowel movement; stool soft but could not evacuate, lasting some days after stopping the medicine.

Urine: scanty and high colored, red-yellow; acidity increased. At times urine was passed very often and then again would not pass it for hours at a time; after each passage there was a pain just back of the acute spine of the pubis, the pain was not intense but seemed as though two raw surfaces were being imbedded together. The urine is forced out rapidly and when the most has been passed the remainder comes out slowly.

Male sex organs: Increased sexual desire, (3) nocturnal erections.

Female sex organs: Menses too early and too profuse.

Respiratory organs: respirations labored, has difficulty in climbing stairs.

Chest: constricted feeling in the region of the heart (2). Pain under ensiform cartilage.

Neck and back: dull pain between the shoulders and about the renal (3) and splenic region. Aching soreness in renal region under 12th rib, most on right side. There was a pain in the lumbar region which came on the fourth day after taking the drug, and was continued throughout the proving. The pain was a dull ache, did not increase or decrease, but was the same at all times. It was such that when I stooped to pick anything up I had to lean on something solid for support. This was a little better on lying down, but never did it entirely disappear.

Upper limbs: sensation of beating of the pulse in palms of hands, with feeling of fullness. This persisted as long as the remedy was taken and some days afterwards.

Lower limbs: aching in all the joints; the pains were dull and uncomfortable; the ankles were the most painful; my feet felt swollen and tired.

Skin: intense itching and burning, aggravated by hot bath.

Sleep: drowsy feeling together with a general feeling of lassitude; was very sleepy; sleeps more than usual. An untroubled sleep; went to sleep readily and slept all night.

Generalities: felt perfectly well except in the places mentioned; was not sick or what one might call uncomfortable at

any time, as the pains were not intense but dull and not so severe.

Modalities: pain in the back is relieved by bending backward; abdominal distress is relieved by defecation. Better in open air and after sleep, and for a short time after eating.

All pain seemed to be better on cool days and while in bed.

Blood pressure: this varied but usually it was increased; in one case it was 100 when the proving was started and in two days was diastolic 145, systolic 175.

Proper Food for the Cannon's Mouth: The annual report on the health of London, England, emphasizes the point that the "gutter babies" of the slums are remarkably immune to the ordinary diseases of that metropolis. As far as the reduction of infant mortality goes they represent satisfactory conditions, but—and this condition is not as satisfactory to government circles—the baby that can resist the tough conditions of its unfavorable environment is the sort of a baby that is likely to be tough both morally and mentally in after life. Now the thought occurs that if we are not as yet civilized enough to give up wars and fighting, we at least ought to have intelligence enough to put this undesirable part of our male population in our armies so that when destruction comes at the cannon's mouth it will remove this source of degeneracy, poverty and crime, and leave unscathed those best fitted to grapple with the immensely complicated problems of modern civilization.

As it is to-day we reverse the process, sacrifice our best, chosen after careful tests and studiously exclude the slum and penal population from the ranks. When a well meant attempt was made recently to limit the procreation of undesirables in the United States by the simple operation of vasectomy on the male, the legal profession interposed the objection that it was a "cruel and unusual" form of punishment. Certainly they can not urge that objection against the battlefield, which has always been with us, and at the present moment is almost universal. Certainly the proposal to preserve our best lives for the work they have to do for us and for posterity, and to get rid of our worst lives with all the horrors of war, is not unreasonable. —*Lancet-Clinic, Aug 29, 1914.*

SEX EDUCATION; SEX HYGIENE; EUGENICS; A PROTEST*

By J. Richey Horner, A. M., M. D., Cleveland, Ohio

If there is any one word which tells of the aim of the director of a business today, it is the word efficiency. This must be taken in its largest sense, involving not merely the amount of production, but the amount in relation to the expenditure of time, energy and money required. Nothing is gained if there is a large production and an increase of expenditure out of proportion to the gain. The day of generalities in the estimate of results is long past. In order to get a standing one must be able to prove efficiency in definite results which may be tabulated and, if need be, made permanent. The mill producing steel rails does not report to the office simply that a large number of rails has been made during the day. The report must be in detail, giving many technical particulars, which in turn are tabulated and recorded for future reference.

Without desiring to inject into this paper any discussion of religious matters, a conclusion has been reached by many persons that the work of one of our most prominent evangelists has not reached the requirements of the present-day standard of efficiency. This is because there is a large disproportion between the permanent results obtained and the enormous expenditures of money, to say nothing of the time and energy consumed. If the same amount of each of these three elements backed by a similar enthusiasm of workers and listeners were expended in individual efforts, the results would be greater, more productive and more permanent.

The question of sex education and sex hygiene is as old as is the question of education and hygiene along any line. The development of a desire for knowledge dates back many centuries. The building up of the world is coincident with the development of facilities for satisfying the demand for education. The teaching of physiology is a part of that education as much as the teaching of biology and all processes of life generation and progress.

As a matter of fact, it is conceded by all that to some extent, at least, sex education is just as necessary as is sex hygiene.

*Bureau of Sanitary Science, A. I. H., 1914.

The only questions with which I am to deal are: (1) as to the proper methods to be pursued; (2) the time when it is to be taught; (3) the place where the best results may be obtained.

We answer these questions: (1) By individual instruction; (2) to the child before reaching the age of nine; and (3) in the home.

The operator of a machine shop or a mill does not take a group of apprentices to a hall and give them lectures dealing with the work he will expect them to do. He places each one under the care of an experienced hand in the shop and thus all get individual instruction. In our colleges and universities there is not today nearly so much work done in the class room before the students in a body. As a result of the advances which education is making, there is more and more a tendency to cut down the number of students in a class so that there may be an approach to instruction to the individual. If for no other reason than that knowledge can be better imparted, the method of sex teaching should follow the trend of present-day developments.

The time to begin the building up of character and self-restraint is after the foundation for such a structure is laid. The boy or girl who has reached puberty without this foundation is not going to be helped by lectures or instruction given in a crowded schoolroom.

The first lessons must be given in the cradle, for the infant can be taught to obey, and learning obedience is the first step toward full manhood and womanhood. Thus you develop self-control and the first point is gained. The next step is to impress upon the child the reason for obedience. While the child will soon learn whom it must obey, this is of less importance than realization of the fact that obedience is expected.

The next step is the development of respect. This will follow closely upon the habit of obedience. As a matter of fact, respect for those to whom obedience is due makes that obedience a pleasure as well as a duty. An important point is that parents should keep in mind that they are under a constant observance and they should so live as to engender in their children the fullest respect and confidence. If a child holds its mother in this respect it will hold other women likewise. It is an easy step from respect for the mother to respect

for the woman. Here is the beginning of the protection of girlhood and womanhood. Give the boy and girl this care and attention and long before they are nine years old, you will have built your foundation, and upon this you will be ready to build the superstructure of information as to sex life.

While we do most earnestly believe that the home is the ideal place for this education, it is certain that the teacher in the public school has a mission to perform. It is the teacher who must handle the thousands of children who come from homes where this foundation is not and cannot be built. But we contend that the instruction can and should be given to the individual and not to the class as a whole.

I have thus outlined the position I take in the whole matter of sex education. I believe that we need go no further than this and that the plan provides not only for this generation, the young people of today, but for those who are to follow. To me it seems a very simple question, one which does not need the excess of discussion and publicity which has been given it. The American people have always had a great tendency to go to extremes in anything they undertake in the way of reform, and their attitude in this matter has been no exception to the general rule.

It is just as true in regard to what has been said and written and done in the other great question which has recently occupied so much space in our magazines and daily papers, the question of betterment of the human race which has given rise to the new science of eugenics. To the writer it seems that the promoters, if we may call them so, are so enthusiastic as to the possible results that they have lost sight of the fact that these results can come only through education, and that education takes time. It is certainly not a question of legislation. Legislation never has controlled and never will control the morals of the individual. Certainly in this question legislation, in order to be effective, must be universal. It is, of course, a start to have the laws of Wisconsin declare for the eugenic principle, but they are not and cannot be effective unless the laws of Illinois do likewise. If, however, it is a subject of legislation, it must be made the subject of national and not state legislation.

Nor will the mere passing of a law count for a great deal. The people must be educated up to the willing acceptance of

that law. The question as to how far the law should go is to our mind very easily answered. It should go only so far as to determine that there is no reasonable doubt of the health of the woman and the man. A detailed study of heredity is impracticable and useless. The man who is in love with a woman will allow no obstacle as doubtful as possible effects of heredity to stand in the way of marriage. The woman who loves a man will do pretty much as he says. She will follow the love which has been aroused by her almost unfailing intuition. That will be her guide. She does not decide by rule. When the head and the heart disagree the heart wins every time. That is truly sometimes the tragedy of love. Still there is no real marriage without love. Mere mating savors too much of the animal.

As a matter of fact, man-made laws are going to have but little to do with the success of eugenics, for it will eventually be a success. Woman herself is going to be the chief positive force. The woman of today is something different from the woman of yesterday. She has in recent years come to a fuller sense of her function in society. She has developed a keen sense of human values and with her innate interest in children she has become the logical force in eugenics.

Eugenics and education must go hand in hand. The one is certainly complementary to the other. Eugenics has for its object the raising of racial qualities and standards, whereas education deals with the expression or consummation of these standards. It is through education that we must raise the standard of man. It is absolutely impossible to make eugenic laws work where the people are not educated to a belief in their necessity. Until the people see the value of positive, constructive eugenics the science cannot be successful. As education continues and the public becomes more and more familiar with the consequences of marriage of persons who are unfit, the health of the prospective husband or wife will exert a more and more powerful influence, and love will move within a narrow range, with reason moving within the wider. Thus will it be seen that the influence represented by the word will grow increasingly powerful, not by the making of laws but by the spread of popular education.

A very important element in making eugenics effective is that there shall be a willingness on the part of those con-

cerned, and another is the question as to the ability of the examiner to make a just and unbiased decision. If the parties who desire to marry are not willing to be bound by the results of the examination, the law will be ineffective. It is not within the positive power of any one man or woman absolutely to prevent deceit. It goes without saying that two people desiring to marry and not being in sympathy with the eugenic idea will voluntarily or involuntarily conceal such points in their history as they think will have a tendency to prevent the granting of a certificate. The examiner must, therefore, make his final decision upon insufficient data. It can be thus very easily an unjust decision.

There is an idea in the following, which I quote verbatim:—"There were certain nations which destroyed those whom they deemed unfit. These nations either have ceased to exist or are no longer a factor in the world, facts which prove that the idea did not work out. Why did it not work out? Simply because these nations were violating a great law of nature. One of nature's universal laws is that all her efforts are toward the betterment of life. If this question were left to nature herself, she would solve the problem for the future as she has solved it in the past and is solving it today. Nature always avoids that which gives pain and discomfort. She always accepts those things which give pleasure and freedom and help in development."

A Massachusetts state commissioner recently made a statement in which there is a great deal of truth: "So long as men are attracted by beauty, and women by strength, there is no need to be alarmed for the future. Men like in women what is most womanly. Women like in men what is most manly." We all know exactly what that means and it will always be thus. It cannot be changed any more than woman can take on man's form and man can take on woman's form.

The young man will seek the maid for all time to come just as he has done since the beginning of the race. If he is the right one, she will be glad, and in the time after, all her civic rights and her personal rights, whether she claims them or not, will have no effect upon her wifehood and her motherhood or upon the devotion of her husband. Less eugenics and more old-fashioned love is what the race needs. When

love is the prime factor in marriage, eugenics will take care of itself.

Discussion

Dr. Lucy M. Busenbark-Harbach, Des Moines, Iowa: Dr. Horner has struck the key note of the situation in his paper. I have been very much interested in this question from the time it was first discussed several years ago up to the present time, and have heard numerous papers on the subject, chiefly, in favor of government or state control of marriages and favoring the scientific selection of mates. The most of these papers have been highly amusing because they are so perfectly absurd. I cannot believe that the time will ever come when these laws which scientific people are trying to force upon us can be put into action. It has recently been my fortune to hear an exhaustive paper read by a man strong in social work, one of the strongest and best in the United States. He is not a medical man, however. In that paper he brought out a list of people who should not be allowed to marry and reproduce. I listened to the discussion of the paper by laymen until my mind fairly seethed, because if all mentioned in that list were prohibited from reproducing, there would be none left, and the earth would be depopulated. Who is going to decide these matters?

Dr. Edward Beecher Hooker, Hartford, Conn.: I am glad Dr. Horner's paper was not so much of a protest as I feared. His position is entirely sane. We admit—most of us, at least—that certain physiological facts and high ideals of life should be imparted to children. The truth should be told as early as they can understand it and as far as they can understand it. They should not be lied to. The father and mother should give the instruction, provided they have the ability; but with our large immigrant population there are many homes where such instruction cannot be obtained. It is therefore necessary to turn to the public schools. There is a great outcry against this. One of the oldest teachers I know vigorously protested against it, and wondered if this subject were to be taught, as he said, as flippantly as arithmetic is taught. That is absurd. It will not be taught in the schools until adequate facilities are provided, any more than one would undertake to teach astronomy without the facilities. As Dr. Horner said, it must be taught to individuals or small groups of individuals. Probably two hours a year—two lectures to groups or small classes—would be enough; so it is not imposing too great a tax on the curriculum of the school; it is, however, imposing a task to find the proper persons to give the instruction—but they can and will be secured. I have been interested in an attempt made in a school in Cincinnati. The principal was very much disturbed by the vulgar tone of his school, as disclosed by vulgar conversation and actions, obscene pictures and notes. He determined to change the moral atmosphere of the school, if it were possible, and obtained permission to have instruction given on the physiology of sex. A woman physician was secured to instruct the girls; the principal himself took charge of the boys. The testimony is that as the result of this instruction the moral atmosphere of that school was changed. The girls learned self respect and would not per-

mit liberties; the boys improved likewise. The obscene notes and pictures disappeared. The moral tone of the school was elevated. An interesting feature in this improvement was the attitude of both boys and girls toward the younger children. They felt a responsibility for them and new scholars entering the school soon learned that vulgarity would not be tolerated. The careers of those boys and girls were followed for several years and the teachers were convinced that a smaller proportion fell into evil ways than had been the case with the same number of boys and girls previously graduated. That was a distinct gain in morals and it was not accomplished under ideal conditions either. If such instruction is adequately and properly given I am confident it will be a factor in the uplifting of the race. Nevertheless the home is the ideal place, when the parents have the inclination and the ability.

Dr. Stella Q. Root, Stamford, Conn.: I agree with Dr. Horner in his fundamental principles, but, especially in a small city such as I am in, we find there are conditions in the schools and in the Children's Homes which make it impossible—much more impossible than ten or fifteen years ago—for children to go through school without wrong ideas of sex. I agree with Dr. Hooker that the home is the place for children to learn, and I think that we women physicians can do considerable to educate the mothers. There are two pamphlets which I think are very practical to put into mothers' hands. They give a correct and sane idea, which is more than we can say of much which is published for the education of mothers and children. They are published by the Society of Sanitary and Moral Prophylaxis and are, one for boys, "How my Uncle, the Doctor, instructed me in the Matter of Sex," and the other for girls is "The Mother's Reply." I have bought these by the fifties, and have made generous use of them among my patients and in the training school of our hospital.

Dr. Anna Devinn Varner, Wilkinsburg, Pa.: We teach the boys and girls morality in some of our schools, but the question in my mind is how to teach it in order to get results. The evil effect of tobacco has been taught for years, yet smoking among school-boys is more prevalent than ever. There must be something wrong with the teaching.

Specific diseases is one of the factors that has caused some of the states to enact laws forbidding certain marriages, yet the environments and social habits of the young people tend to foster these very diseases. For instance, the theatre, the literature, the moving picture shows, the modern dance, and even the dress and slouching gait of our girls suggest immorality and sensuality to our youth at an age when they are most susceptible.

Dr. Sutherland said that frivolity is abroad in the land and so it seems. I think physicians and parents should take a stand against this tendency, lest our nation, like some of old, be destroyed by its sensuality.

Dr. Emily C. Charles, New York City: I would like to call attention to an article in the New York Evening Post, June 27, 1914. It is an article about a column and a half long by a layman, and it touches a point that I have not seen mentioned before, on the insufficiency of much of the teaching on this subject. A case is used in illustration

where a mother thought she had adequately taught her little girl. I commend the article to your attention.

Dr. Bruce Anderson, Detroit, Mich.: In Detroit we have a lecture course institute or sex hygiene association and the different doctors lecture to mothers. They give three or four lectures apiece and we make these as plain as possible to the mothers—on the care of their daughters and sons. The different doctors go to the men's societies of the churches, and the ministers are doing everything to put down this vice, because our high schools are hot houses of infection. The mothers seem to be anxious to learn. We see a difference from what existed a year ago. The lectures have done good. All classes were attentive and anxious to learn.

Dr. Alfred W. Westney, Atlantic City, N. Jersey: I would like to ask Dr. Horner's opinion of the only objection I can see to sex hygiene teaching. Our brain centers are so arranged, that by reason of the law of association by reflex action, thinking concerning things sexual induces a congestion and excitement with attending dangers to those parts which we are endeavoring to protect.

This is especially true at that time of life when sex ferment is such a factor. Prof. Hugo Münsterberg, the eminent German savant of Harvard University, whose leadership in the world of psychology is unquestioned, decries the promiscuous teaching of sex hygiene for this reason.

Dr. Cora S. King, Washington, D. C.: I am not wishing to forestall Dr. Horner's answer to Dr. Westney's question, but my answer to that question would be that if children be given the opportunity to consider things sexual from an educational standpoint, the stimulative effect upon the sexual centers will not compare with that of curiosity in the ignorant mind. The child comes to understand when to stimulate and when to inhibit the sexual centers. This is the lesson we fail to give to our children—to teach them what should be encouraged and what be suppressed; and this is where our vocation lies, as teachers, both as parents and advisers of parents. We must teach them—what is normal and what is right—what is abnormal and what is unsuitable and dangerous.

Dr. Montclair, Atlantic City, N. J.: My experience is that the parents need a little moral backbone. They know the children should be taught, and they come to us, asking us to teach them. The parents know what their children ought to know. The instinct of the adult should tell them what they ought to know. They haven't the moral courage. I think the physicians should show the parents how to teach these lessons.

Dr. Horner (closing the discussion): As we have noted, it is not possible in some families, as for instance in those of emigrants who are not educated, to get the training which leads up to the proper teaching on sex matters, and here is where it becomes the function of the school teacher to give instruction, but I contend that this should be individual. The teacher has plenty of time during the two hundred school days to give to each one of her scholars a half hour or more of earnest, private talk, which should be all that is necessary.

It lies in the duty of the family physician to talk with his patrons and to see to it that they are properly informed. He should be the educator of the parents. Then as the children grow up the necessity for this will be gradually obviated.

I am sure we all deprecate the presentation of many of the plays now to be seen on the stage. It requires a knowledge of the anatomy and physiology of sexual life to understand most of them. I am sure they do more harm than good. And that brings me to the question asked by Dr. Westney. With the majority of people who have not developed self-control, talking of sexual subjects certainly must excite sexual desires. It is this lack of self-control which leads to harm, and a public discussion such as is sought in the public school must result in evil consequences. This argument quoted by Dr. Westney applies not alone to the special sense of hearing but to the others, sight, smell, touch, as well. It is an important point and cannot but substantiate the position I have taken in my argument.

FEMINISM

After mulling over these feminist books for a number of weeks I cannot believe that they were written by evil-minded women who are living shameful lives of sexual indulgence and trying to corrupt the youth of the race into "free love," whatever that may be. On the contrary, I am under the impression that Mrs. Schreiner, Mme. Key, Mrs. Hartley—please note in passing that all these prominent feminists have some man to vouch for them—are high minded, spiritually minded women and are looking for less rather than more license in the sex relation.

It is well for every one in these muddled times of social ferment to beware of picking up mud to fling at those who think or say or do something that does not appeal to us. They may be higher in the air than we. The end is not come by in that way. If we want the human race to reach a little nearer that harmonious state of sex and family relation that we can dream of but so rarely achieve for ourselves, the only means surely is preserving a generous belief in the fair intentions of all. You cannot police people into your own sort of morality; you may convert them by the example of your own successful solution of the problem.

And one more last word on the woman movement—these books by women about women have more to say on the race, the future, than on personal love and passion. That is a noble mark of distinction. Women surely should have the most to say about the future of the race, its preservation and betterment. They will. That is feminism. —*Herrick in Chicago Tribune.*

HEART DISEASES IN CHILDHOOD*

C. Sigmund Raue, M. D., Philadelphia

Acquired heart disease in childhood is in the majority of instances the result of rheumatic endocarditis. Owing to the prevalence of rheumatism among children this important condition is by no means rare. Of especial interest to us as clinicians is the prevention of heart complications so far as that is possible in children of the rheumatic diathesis and an appreciation of the prognosis which involvement of the heart presents to the future welfare of the child.

The etiology of rheumatism is still one of the puzzles confronting the pathologist. The resemblance between the symptoms and pathological findings in rheumatic fever and those of the various infectious diseases has long led to the belief that it is due to infection with an unknown microorganism. Sahli in 1893 expressed the opinion that it was an infection due to the action of attenuated pyogenic cocci. Poynton and Payne later isolated a micrococcus from the heart and joints of rheumatic cases and they called this organism the diplococcus rheumaticus. In 1900 they produced the lesions of rheumatic fever in rabbits by subcutaneous inoculation with diplococci isolated from a case of rheumatic angina. *(Poynton, The Practice of Pediatrics, Carr.)*

Other investigators have verified these findings, but have also shown that the diplococcus may appear as a micrococcus or streptococcus in culture. In a number of instances a streptococcus with hemolytic properties has been found.

The site for the entrance of the infection appears to be the tonsil, although this is not invariably the case. A close relationship between an infection involving the tonsils and endocarditis no doubt exists and endocarditis has been observed to follow attacks of tonsillitis. I have recently seen three successive cases of "sore throat" occurring in occupants of the same house, in each of which arthritis and endocarditis followed. In one case a petechial rash developed.

Other infectious diseases that are at times complicated with endocarditis are scarlet fever, influenza, pneumonia, gonorrhea and diphtheria. In the last named disease myocarditis

*Bureau of Pedology, A. I. H., 1914.

is by far more frequent than endocarditis and the diagnosis of endocarditis should not be made unreservedly because of the presence of a murmur.

An important fact to bear in mind in connection with the pathology of rheumatic heart disease in childhood is the following: The earlier in life the rheumatic infection occurs, the greater the tendency to a general involvement of the heart. The lesion, therefore, is not as a rule a simple endocarditis; myocarditis and pericarditis are frequently associated. The last of these leading to adherent pericarditis, produces more than any other early heart failure, since it imposes the greatest strain of all upon the heart. *(Hirschfelder, Diseases of the Heart and Aorta.)*

Symptoms of Endocarditis. An irregular continued fever in childhood, at times hardly perceptible, often disappearing after rest in bed and accompanied by malaise, pallor and moderate anemia, should always arouse the suspicion of a rheumatic infection. In the absence of active throat manifestations or of joint involvement this febrile disturbance should at once lead us to suspect the presence of a low grade endocarditis. Tuberculosis, of course, must be excluded as a possible cause for such a rise of temperature. At the onset of endocarditis repeated examination of the heart will reveal a weakening and blurring of the first sound at the apex with the gradual development of a blowing murmur. With the establishment of the murmur the area of deep cardiac dullness increases and the pulmonary second sound becomes accentuated. These signs are found in the great majority of cases because the mitral valve is the one most frequently attacked by rheumatic endocarditis and a mitral insufficiency is the commonest lesion resulting therefrom. In the early stages the murmur may be heard more distinctly just over the area of the auriculo-ventricular orifice than at the apex, and owing to the adaptability of the child's heart to any extra strain the pulmonary second sound may remain unaltered for some time. The murmur just described may also occur in diphtheria and I have encountered the same condition in scarlet fever, as a result of dilatation of the auriculo-ventricular ring from myocardial weakness. Under these conditions it becomes a temporary disturbance.

Mitral Stenosis may develop in conjunction with insufficiency or exist alone. The first physical signs to be noted are

a faint murmur occurring in early diastole. The cause of this murmur is the flow of the blood current over the roughened edges of the auriculo-ventricular orifice during the early part of diastole. Later, as contraction and distention of the orifice develop, the auricle is called upon to force the blood through the stenosed orifice, and as a result of this exaggerated auricular contraction in late diastole we now hear the loud rumbling perisystolic murmur accompanied by a palpable thrill, a sharp snapping first sound and usually reduplication of the second sound. The last results from the high tension in the pulmonary artery.

Aortic Disease is rare in childhood and is indicative of a severe progressive type of endocarditis. I have never seen it alone; it is generally a terminal event in a progressive or in a malignant endocarditis. At first a systolic murmur over the aortic area transmitted into the carotid and accompanied by a weakening of the aortic second sound is heard. The cardiac enlargement progresses and the patient's discomfort is much increased. This is followed by throbbing carotids, collapsing pulse and total obliteration of the aortic second sound, showing that the valves have become incompetent. In the general cardiac turmoil an aortic diastolic sound is difficult to detect and this is unnecessary for the diagnosis. The case has now assumed such a serious aspect that the designation of "general carditis" fulfills all clinical requirements.

The severe acute cases of endocarditis which one is apt to see in consultation often present a history like the following: A child from five to ten years is attacked with sore throat followed by arthritic manifestations of moderate severity. There is slight fever. Suddenly the temperature rises, the patient complains of pain in the cardiac region and epigastrium; there is cough and shortness of breath. Examination of the heart reveals increase in the area of cardiac dullness, a loud murmur at the apex and possibly friction sounds near the sternum. Circulatory failure progresses until a fatal termination sets in. The duration of the entire illness may be but a few weeks.

More common, however, is the recurring form, and this furnishes the cases we see most frequently in the hospital wards. The child is brought to the hospital for an attack of rheumatism, chorea, or for shortness of breath, and an old valvular lesion is discovered. Inquiry into the past history of the case

discloses the fact that the child has had a previous attack of rheumatism or chorea, or perhaps such vague condition as sore throat and growing pains. The rheumatism or chorea subsides but the fever continues, due to the presence of endocarditis. After several weeks in bed the process subsides, the heart muscle regains its tone and the breathing and pulse improve. The child is now dismissed from the hospital, but we anticipate his return in the near future in a worse condition than on the previous admission. Fully half of these cases succumb to their malady before puberty.

Prognosis. The literature upon heart disease in childhood agrees more or less in giving to the prognosis an unfavorable aspect. It is, however, difficult to get a clear conception of this important question because of the lack of definite statement. The statistics given by Dunn *(American Journal, Diseases of Childhood, August, 1913)* have furnished much valuable evidence in this direction.

In the first place, according to Dunn's figures the ultimate disability following rheumatic heart disease acquired in childhood is not nearly so great as that following endocarditis occurring in later years. Thus, out of a series of 88 cases in young adults with evidence of former endocarditis only two showed great disability and in these the attack occurred in the 12th and 13th year. The younger the child, therefore, when the endocarditis occurred, the better the chance for the future as far as permanent after effects are concerned. Compensation is established not only by means of a mechanical hypertrophy of the heart but also through mutual adaptation between the heart and the organism.

These figures, however, should not lead us to forget the real and more important side of the question, namely, that it is only the mild, non-recurring cases that live beyond puberty and make up this class of young adults with a non-serious, well-compensated valvular lesion. The *immediate mortality* out of a series of 261 of Dunn's cases was 20%. Out of the remaining 209 cases 50% died during the subsequent ten years.

From these figures, then, it may be seen that the majority of children attacked with endocarditis do not live beyond puberty. One of the chief reasons for this unfortunate outcome is the liability to recurrence which is so strong in rheumatic fever, being noted in fully 80% of cases. With these

recurrences, increase in the existing danger to the heart occurs. Another factor, already mentioned, is the tendency to a general carditis, the process not remaining limited to the lining of the heart as in the adult. We must also take into consideration the unusual demands made upon the heart of the young growing organism in order to maintain an adequate circulation of blood.

Even in spite of these demands and in the presence of a badly damaged valve the child's heart seldom fails and heart failure in childhood usually results from an acute process or from an acute exacerbation of an old condition. During such an attack fever, cough, shortness of breath and pain are the prominent symptoms and the child often dies before edema of the extremities and enlargement of the liver develop. *Reinfection, and not strain*, as in the case of adults, lends to the final breakdown. It is perhaps chiefly for this reason that remedial measures that so frequently relieve the symptoms of decompensation in the adult are futile in these crises in childhood.

The worst prognosis may be anticipated when pericarditis occurs as a complication. A progressive asystole, rebellious to any form of treatment, may be looked upon as the chief clinical symptom of an adherent pericardium. (*Apert, Maladies des Enfants.*) Acute pericarditis with effusion gives a high immediate mortality (*31% Dunn*). An adherent pericardium leads to progressive heart failure; ascites and anasarca may become prominent features and the case may assume the clinical type of pseudocirrhosis of the liver.

To recapitulate, the child's heart, if not too seriously involved and if not handicapped by recurring infection, may hypertrophy in a most favorable manner and adapt itself to a valvular defect; in fact, "the entire organism adapts itself to the new condition arising in the circulatory apparatus" (*Feer Kinderheilkunde*). Unfortunately this occurs in the minority of instances. We occasionally meet such cases in our practice and follow them through puberty to early adult life, but always with misgivings.

A fortunate circumstance in connection with rheumatic fever is that after adult life is reached there is less tendency to endocarditis than in childhood.

The chief reasons for the unfavorable outlook in rheumatic

heart disease in childhood is the tendency to recur and the frequency with which myocarditis and pericarditis are associated with the endocarditis.

Cardiac insufficiency in children results from infection or reinfection and not from strain, as does the ruptured compensation in adults. The particular valve involved is of no especial prognostic significance.

Involvement of the aortic valves is grave for the reason that they are practically never affected alone but only in conjunction with the mitral valve in the more violent types of endocarditis. Many of these cases assume the type of "septic endocarditis."

Diagnosis. Cases of valvular heart disease may exist for a long time unrecognized and be first discovered during a routine examination of the chest. This is especially so when the endocarditis has developed insidiously during an attack of chorea or in conjunction with mild, atypical attacks of rheumatism. These children are brought to the clinic for such vague symptoms as pallor, listlessness, poor appetite, shortness of breath and loss of weight. Often they run a slight temperature suggestive of tuberculosis. Endocarditis may be the primary manifestation of the rheumatic cycle, arthritic manifestation and chorea appearing later on. Again, a child may be brought to the physician on account of pain referred to the epigastric region and the examination reveals a pericarditis. From these facts the importance of a routine examination of the heart becomes apparent.

A murmur alone is not sufficient evidence upon which to make the diagnosis of endocarditis. One must demonstrate the presence of enlargement of the heart as well. In acute myocarditis of diphtheria and pneumonia, and in dilatation from whooping-cough, increased area of deep cardiac dulness and a systolic apical murmur are frequently encountered. These physical signs, however, are only of temporary duration, and if the heart regains its normal vigor and tones they disappear.

A murmur at the aortic area rarely occurs independently of mitral disease, and it is usually diastolic or double. An uncomplicated systolic murmur at the aorta is suggestive of congenital heart disease. (*Still, Common Disorders of Childhood.*)

Accidental murmurs are rare in infancy, but not uncommon in childhood. They occur either as a so-called functional murmur over the pulmonary area in acute febrile disturbances and anemic states or at the apex at the end of inspiration. The name cardiopulmonary murmur has been given to the latter condition; it is most frequently heard in a vigorous, over-active heart. A constant murmur found in a child under three years old, especially if it be heard most distinctly at the base, may be looked upon as congenital.

Still (*loc. cit.*) describes a murmur which he calls "physiological bruit," occasionally heard in young children, between two and six years old. It is usually heard just below the level of the nipple, about midway between the left margin of the sternum and nipple line. In time it is systolic and it is not transmitted. The character is twanging, somewhat musical, very like the noise made by twanging a piece of tense string.

Adherent pericardium is difficult to diagnose. Apert (*loc. cit.*) maintains that the only definite physical sign upon which a positive opinion can be based is the invariability of the situation of the heart in diverse bodily positions of the patient. This is demonstrated by noting the position of the apex beat and deep cardiac dullness with the patient standing, recumbent, and lying on the right side. The chief clinical symptom in his belief is progressive asystole rebellious to any form of treatment. Personally I am of the opinion that systolic retraction of the chest wall in the cardiac region if properly interpreted is a diagnostic sign of great value; as is also a heaving, diffuse impulse associated with diastolic shock and diastolic collapse of the jugular veins. In a heart that is not markedly enlarged these signs are even of greater significance.

Discussion

Dr. Wallace McGeorge, Camden, N. J.: I think it is a good paper and it is along a good line. Too many young children have heart troubles which are not recognized. Many times children are brought to the clinic with what the parents think is simply growing pains, and they don't realize the child has rheumatism. If the child is thoroughly examined, and all the facts of the case are brought out, with proper homœopathic medicine given, a great deal of good may be done. You can cure young children with heart trouble oftener and sooner than you can cure grown up children.

Dr. Chas. H. Duncan, New York City: I feel that I am fortunate in having heard this paper, especially that part of it that refers to the heart and rheumatism, for it opens up a field of thought and work that I have been following out for some time.

No treatment of rheumatism is complete unless it includes the autotherapeutic treatment. Very often this alone is sufficient to cure the case without any other medication. Rheumatism is the name given by the ancients to pain that is accompanied with a flow from the mucous membrane, meaning a *rheum*, or flow from the mucous membrane—accompanied with pain. Heretofore catarrhal conditions accompanying rheumatism have been accounted for on the basis of impeded circulation. In the light of autotherapy this appears not to be the case. *A catarrhal condition is usually a premonitory symptom of rheumatism.* The microorganisms enter with the inspired air and either they, or their toxins, pass through an interruption of the mucosa to distant parts of the body, setting up increased temperature, pain, etc. The cure, or the autotherapeutic treatment consists of filtering a dilution of the mucus from the respiratory tract through a Berkefeld filter and injecting the bacteria-free filtrate subcutaneously at proper intervals. I have cured many acute cases in this way within twenty-four hours, and many chronic cases within two weeks. By treating these cases early, either in the young or old, there will be no heart complications. If these heart conditions are treated early enough they may very often be cured also. If the physician would treat every patient suffering from catarrhal condition autotherapeutically with the filtrate of sputum he will often be amazed to discover that he has cured many conditions supposed formerly to be remote from the lungs, namely, noise in the ears, impaired sexual power, poor digestion, growths on various parts of the body, etc. (*See Boston Medical and Surgical Journal, March 6th, 1913.*)

Dr. Raue (closing the discussion): Perhaps at the next meeting, next year, I will present a paper on that subject. I purposely said nothing of the treatment because to discuss the treatment would take as much time as it has to read my paper.

I agree with those who look upon the respiratory tract as an important point of entrance for the infection. In the majority of cases there is some history of recurring sore throat. In the treatment, while attention to the naso-pharynx is given and the removing of the tonsils is considered very important, nevertheless, they are not the most important factors in rheumatism. After the infection has once been established, there is no better treatment than to put the child to bed and give it homœopathic remedies, and keep it there until all active manifestations have subsided. I have been experimenting with autogenous vaccines, but I have not had sufficient experience to claim any special results from them.

The Battlefields of Peace: Two men were picked up dead the other day. One was found in the grass on a prairie; the other in a damp basement in a densely populated section of the city. The ambulance doctor, who looked over the two corpses, analyzed the causes of death as starvation and exposure. The police supplied the sociologic description of the men. Bums, they called them.

When men are dying by the thousands each day in the fields and prairies of war-smitten Europe it may seem trivial to call attention to these two deaths in Chicago. Yet it is no trivial matter. The death of these two men with no roof over their heads, without a friend to close their eyes, shows that peace has its battlefields no less than war. While it is true, perhaps, that the confirmed bum often will not take work even when it is offered him, it is also true that in the first stages the tramp or hobo is not infrequently a victim of conditions. No child is a hobo when he is in mother's arms or when he goes to school. It is when he goes out into the world with poor equipment and with no guiding hand to steer him through the troubled waters of steep competition that he sinks. Science is proving that vagrancy, even where it is "pathologic," also is acquired. Vocational training and guidance would have steered many a hobo into entirely different channels if administered at the proper time.

While the American people have much to be thankful for, especially when we compare our state with that of war-devastated Europe, we still cannot afford to ignore our victims of industrial maladjustment, our battlefields of peace.—*Chicago Tribune.*

THE MERE MAN'S OWN MAGAZINE: We are met with the question Should men continue to smoke under the new conditions which now confront them. This magazine is in receipt of a letter from a prominent lady, who says that the time has come for men to stop smoking.

"It was all very well for men to smoke," says the writer of this letter, "when they had nothing to do but hang around downtown pretending to work or while wasting their time playing Kelley pool at the club. But now conditions have completely changed. New duties and responsibilities confront them and their old habits must disappear. I find it very disconcerting to discover flakes of pipe tobacco in the white bread my husband makes. When I made the bread for the family I did not smoke a pipe. Why should my husband do so? Pipe smoke annoys the baby, too, and, besides, my husband does not sing naturally and smoothly when he puffs his pipe as he croons to the child he is putting to sleep.

"The other night when I came home I heard my husband singing the baby to sleep after this fashion:

> Go to sleep (puff, puff), little baby (puff),
> Papa is watching (puff, puff) o'er you (puff);
> Sleep, little dar (puff, puff) ling,
> Sleep, little (puff, puff) dear;
> It's a cinch (puff, puff) that your papa is (puff) here.

"I ask you, how could any baby, especially one with an ear for music, go to sleep with such syncopated music as that?"

—*Chicago Herald.*

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph.B., M.D. . . . . EDITOR

JOURNAL COMMITTEE

J. P. SUTHERLAND, M. D., Chairman GEORGE ROYAL, M. D.
J. RICHEY HORNER, A. M., M. D. WILBERT B. HINSDALE, A. M., M. D.
SARAH M. HOBSON, Secretary of the Institute

Publication of an article in the Journal does not thereby secure the endorsement of the American Institute of Homœopathy. The Journal is the publicity organ of the entire Institute membership and is conducted by the Journal Committee in behalf of good-fellowship and medical progress.

Address all communications to **The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Illinois.**

Vol. VII **OCTOBER 1914** **No. 4**

EDITORIAL

Loyalty. Loyalty to homœopathy today means something vastly different from what it did twenty years ago. Then it meant simply loyalty to its therapeutic principle. Now it means loyalty to all that which is necessary to maintain a present-day system of medicine. Then it meant enthusiastic loyalty to the rule of similia. Now it means enthusiastic loyalty to all the prevailing conditions which are required to support an institution for the teaching of the rule of similia. Those of us who expect to be loyal to homœopathy today in the same way that we were twenty years ago will find that our loyalty lacks strength, spirit and vision. Those of us who expect to practice medicine in exactly the same way that we did twenty years ago will find that we are already being classified with back numbers. The loyal homœopathic practitioner of today must be broad, liberal and fully up-to-date as a medical man.

If we expect to continue very long to teach the homœopathic principle of therapeutics, to keep it alive and operative to its greatest degree of efficiency, we must foster our colleges, our institutions and our organizations. These can be sustained and maintained only by the added support of every

substantial discovery and advancement known to medical science. Homœopathy as an institution is paramount to any of its parts or its individuals and should be so considered by all lovers of its cause. Therefore a united front holding high the banner of allegiance is of the utmost importance for the salvation and continuation of homœopathy. *S. H. A.*

Sociological Medicine. In the past decade, no paper in the Institute session has attracted a larger audience than such as correlate medicine with social problems. In this issue of the JOURNAL three such papers are published, together with the discussions provoked by the essays. Sociological medicine is a large common ground for all medical workers. To achieve success, the worker must be familiar with the essential principles of psychology and sociology, possessing therefore something more than the mechanics of surgery or skill in chemical combinations. It is essentially a department of medicine which demands a liberal education as a preliminary to the medical course. On the other hand there is a peril, for a ready memory and a glib tongue can pick up catch phrases and roll sonorous periods before a non-discriminating public and temporarily make good. Fortunately the general public also has access to the same sources of information, and he who would stand sure must stand on a broad foundation. It is a step forward to recognize certain defectives and criminals as sick folks, and the subjects of hospital care rather than of prison discipline. Clearly, when a body is so diseased as to be obviously unfit for reproduction, surgery is just as imperative as for ovarian cyst or cancer of the testicle. And in the plasticity of childhood lies the possibility of overcoming the blight of inheritance and the distortion of environment. *S. M. H.*

Medical Tolerance and Aloofness. There is an interesting group of reports in the Minutes of the Institute session as published in the September JOURNAL. These are the reports from the Committee on the American College of Surgeons (p. 304), the Joint Conference Committee (p. 310), Committee

on Medical Examining Boards (p. 323), Interstate Committee (p. 334), Conference with the Eclectic Medical Association (p. 340), and the Committee on National Legislation (p. 340). The Chairman of the Committee on the American College of Surgeons certainly did good publicity work in vindicating the reasonableness of recognition of the American Institute of Homœopathy, through its affiliated surgical societies. Consequently, in the list of two thousand members, seventy-two Institute members are named, and there is a list of 200 nominees yet to be acted upon; three nominations each have been made from the S. and G., the Obstetrical and the O. O. and L. societies, from whom six will be chosen as members of the Board of Governors.

Aloofness, rather than toleration, marks the reports of the Joint Conference and the Interstate Committees. In the former the following reasonable request was made:

> We ask your committee to investigate with us a number of therapeutic agents which have been recognized as efficient drugs by your school, as well as by ours. We suggest for this experiment that you select from the vegetable kingdom, aconite, cinchona, digitalis, nux vomica, pulsatilla, rhus toxicodendron; and from the mineral kingdom, arsenic, gold, mercury, phosphorus and lead. These drugs have been specifically mentioned by your writers as having therapeutic uses which appear to accord with the rule of similars.

The Committee asked that the test be made in such laboratories as the Rockefeller Institute of New York, the McCormick Institute of Chicago, and the Evans Memorial of Boston. The response contained the following sentences:

> The director of one of these replied that he is in doubt as to whether or not he cares to join in the investigation. The board of another answered that the policy of the institution is that its work shall not be extended to this type of inquiry. No reply has been received to the third letter mailed to the medical director of the Robert Dawson Memorial, Massachusetts Homœopathic Hospital, Boston.

This chilling report is saved from blighting frost by a gracious suggestion that some other laboratories be suggested, or "some practical plan for investigation."

The report of the Interstate Committee reveals a similar

aloofness on the part of the extreme radical in the homœopathic ranks.

Far more gratifying, and particularly significant of a wholesome tolerance was the comment of three members of the Interstate Committee while in session:

I have been fortunate to come in contact with many old school men and I find them leaning strongly toward homœopathic principles . . . We should not narrow our lines, but meet them half way.

Some of them are recognizing the law of similars and are willing to state this frankly.

In the small town in which I practice I have been associated with old school men for twenty-five years. In vacation times we exchange work. Our relations have been most pleasant.

The Committee on Medical Examining Boards goes on record with the following recommendation:

Each State Board to retain the examination papers of each successful candidate. Should he wish to remove to another state his examination papers, with copy of his application, together with certificates of moral character, copies of court findings, if there are any, are to be sent to the Registration Board of the state to which he wishes to remove, they to pass on his qualifications according to his papers; a nominal fee of ten dollars to be paid by the applicant to each Board concerned in the transaction.

The Committee further declares for some form of a National Board, not a board of Army and Navy surgeons, but a board of physicians familiar with the duties and requirements of the every-day practitioner and protests against the present general plan of excluding therapeutics and materia medica as subjects for examination. Therapeutic nihilism may do for some who simply wish to make a careful diagnosis, trust to nature, and prove the correctness of their diagnosis in the autopsy room. Had there been more teaching of therapeutics in the classroom, the confirmation of the diagnosis might have been postponed indefinitely.

The Committee on Conference with the Eclectic Medical Association reports co-operation for higher educational standards, and the Committee on National Legislation recommends such public health bill as may be enacted contemporaneously by the United States Government and the *people* of the respective states.

Aloofness is a clan characteristic. It is a relic of barbarian enmity and jealousy. Tolerance is a social acquisition, built up by the massing of many individual friendly contacts. It is a slow growth, but as sure as truth. *S. M. H.*

Homœopathic Therapy in Europe. In these days when the daily press contains little beside war records, it is a pleasure to record the effort of three of the Institute members who are planning to actively enter the war zone with the expectation of doing something to further demonstrate the principles of homœopathic therapeutics. Dr. Reginald Leach of Paris, Texas, has made formal application for enlistment *in any capacity* in the ranks of the National Red Cross, to go to the front into the district where cholera exists, or is most likely to occur, in order to test the use of arsenic in cholera, based on symptomsimilarity. Dr. Charles Duncan, of New York, as was announced last month, expects to go into the war zone to try out the principle of autotherapy. Dr. Petrie Hoyle announces in the department of Correspondence an independent, honorary hospital service, which, while of necessity primarily surgical, will give opportunity for supplementing surgery with internal medicine. When, as in the cold record of the daily press, "one can walk a mile on dead bodies, without touching foot to the soil," there ought to be no lack of opportunity to anyone who chooses to go to give volunteer service to the wounded. *S. M. H.*

Anesthesia as a Specialty. There is a rapidly growing conviction that only the very well trained assistant should be entrusted with the anesthetic. The number of patients in the last decade who have gone through major operations, requiring detailed surgical work, and who have suffered little or no inconvenience from subsequent nausea, demonstrates beyond all controversy that most of the traditional postoperative discomfort is unnecessary. The specialist in anesthesia has also demonstrated that many patients with serious cardiac or renal disease can be brought safely through surgical operation. To further this specialty, the American Journal of Surgery, beginning with the October number, will issue a 32-page supplement devoted to anesthesia and analgesia. This supplement has been adopted as the official organ of the American Asso-

ciation of Anesthetists and the Scottish Association of Anesthetists, and will be under the editorial management of Dr. Hoeffer McMechan of Cincinnati. The anesthetist who is content to mind his own business and not use his position as anesthetist to get surgical observation is so valuable that there is in the large cities an excellent opportunity for a selected number of aspirants. It is more difficult in the smaller centers, because it takes a good many operations to furnish a man an assured living income without recourse to other medical work. *S. M. H.*

A Good Business Investment. There is certainly an element of grim humor in the announcement that the Krupps, with their international reputation in the manufacture of death-dealing war engines, have appropriated $7,500,000 to carry on the war. *S. M. H.*

A Comment on Alcohol. The artless story of a school girl, relating her experience in a European invaded city, unwittingly tells the story behind alleged atrocities. It was all a matter of wonderment and admiration toward the soldiery, in their marching and manœuvres, "until they began to drink." The narrative recalls the frequent confession of criminals that they filled up on liquor "to get their courage up." *S. M. H.*

Revista de Medicina Homœopatica. We welcome to the field of medical journalism a new magazine from Bogota, Central America, *Review of Homœopathic Medicine and Natural Sciences.* The editor is Dr. Moisés A. Pabón. The initial number contains a proving of capparis coriacea, and the second issue the first instalment of a study of the medical flora of Colombia. *S. M. H.*

Will a Sanitarian Recognize Internal Medicine? The *Southern Medical Journal* is making a definite campaign for the appointment of Surgeon General Gorgas as the Cabinet officer at the head of the proposed Department of Health. No one who has followed the redemption of the death strip of

Panama would detract an iota from the full measure of honor which can be conferred upon so famous a sanitarian as Colonel Gorgas. Nor is it necessary to recall the criticisms on the plan of the public health service, nor the difficulty of keeping distinct governmental sanitation service and personal medical service. The economic waste of 500,000 needless deaths every year warrants discussion of ways and means of prevention. Sanitation is fundamental. But in addition to sanitation there is a definite opportunity for internal medicine. And recognition of this also is a national obligation. Quoting from the same issue of the *Southern Journal* under the editorial caption of "Why some doctors prescribe proprietaries," the following concession is frankly made:

> It is almost incredible, yet it is true, that at some of the very prominent and most eminent schools of medicine in the United States but little attempt is made to teach materia medica or therapeutics . . . . If they cannot cure a diseased organ, they can "ectomy" it, and that ends the case one way or the other. In a word, such schools turn out fine diagnosticians and splendid surgeons, but mighty poor prescribers. Many such graduates frankly acknowledge themselves therapeutic nihilists; naturally, for it is natural to disbelieve what one does not understand. But in the course of everyday affairs a doctor is wanted ten times where a surgeon is needed once, and when the young physician is suddenly confronted by a case beyond dieting, rest and massage, a case that expects and demands medication, the easiest procedure for the doctor is to remember the teachings of a proprietary drummer. . . . . Beyond the shadow of a doubt the lack of thorough teaching in materia medica and therapeutics by our leading medical schools is playing directly into the hands of the proprietary medicine manufacturers. If there is another trade, calling, or profession on earth whose schools scorn to teach anything about the tools to be used in its practice it is a curiosity.

Well, here on the other hand, is a body of 15,000 medical practitioners fairly well trained in general medicine and especially in therapeutics. They have their quota of brilliant workers and their proportion of thorough-going honest students. They are, moreover, taxpayers, property holders and voters. Will a sanitarian give any more recognition to internal medicine than the above quoted surgeon does? The

United States Public Health Service, as it is at present domiciled in the Treasury Department, and from its standpoint of rule by divine right of tradition, has done many good things in public sanitation. Why should we vote to grant more power to a Department of Public Health unless our therapeutic specialty not only is to be recognized, but taught as a required course in all medical schools? We commend to our friends in Public Health Service the reports of the Joint Conference Committee and that of the National Legislation Committee at Atlantic City; also such papers as were published in the September JOURNAL, particularly Copeland's on Effective Teaching in our Colleges, Nesbit's on The Private Physician as a Public Health Officer, Coleman's on Verifications; also the papers of this issue, the reports from the Evans Memorial, from the laboratories of our medical colleges, and our hospital records. Sanitation is the basis of public health service, but we ask also for governmental recognition of homœopathic therapy. *S. M. H.*

Change of Editorship. It is with real regret we read in the *Journal of Ophthalmology, Otology and Laryngology* that Drs. Moffat and Palmer retire from medical journalism. Under their joint editorship, they have watched the O. O. and L. Society develop from ordinary standards to the new requirements announced in the July *Journal:* that a candidate shall present a thesis upon one of these specialties and shall present satisfactory evidence of one of the following requirements: a year's interneship in a special hospital; graduation from a reputable medical school giving a course in O. O. and L. specialties; or three years of independent special practice, vouched for by a report of fifty consecutive medical and surgical cases, with history, treatment and result. Dr. Moffat has stood fast always for the domination of scholarship in journalism. His advocacy of the terms astigmia, hemeralopia, and nyctalopia has gained already some degree of recognition. The incoming management announces Dr. J. R. McCleary, Cincinnati, proprietor and business manager, and Dr. George W. Mackenzie, Philadelphia, editor. The papers read at the Atlantic City session furnish them good initial stock.

S. M. H.

ANNOUNCEMENTS

Committee Appointments,* A. I. H.

Council on Medical Education

H. H. Baxter, Chairman; Willis A. Dewey, George Royal, John B. Garrison, John P. Sutherland.

Organization, Registration and Statistics

Thomas Franklin Smith, Chairman; Wm. O. Forbes. To be completed.

National Legislation

James W. Ward, Chairman; George H. Quay, John P. Rand, Gardiner A. Huntoon, David A. Strickler.

International Bureau of Homœopathy

George B. Peck, Chairman; Walter E. Reily. To be completed.

Conference with Eclectic Medical Association

Henry C. Aldrich, Chairman; Henry E. Beebe, Charles F. Junkerman, John M. Lee, Herbert Dana Schenck.

Auditing

J. Richey Horner, Chairman; Thomas T. Church. To be completed.

Delegate to College Alliance

Wilbert B. Hinsdale.

Chairman of Clinical Medicine and Pathology

Chas. E. Sawyer.

Chairman of Dermatology and Genito-Urinary Diseases.

Leon T. Ashcraft.

Chairman of Clinical Research

James Krauss.

Chairman of Materia Medica and Therapeutics

Arthur H. Gordon.

Chairman of Homœopathy

Royal S. Copeland.

Resolutions

Joseph P. Cobb, Chairman; Arthur P. Norton, James A. Campbell, DeWitt G. Wilcox. To be completed.

Medical Examining Boards and Medical Legislation

Gilbert Fitzpatrick, Chairman; Guy E. Manning, E. Arthur Carr, Alden E. Smith, E. Weldon Young.

Transportation

Thomas E. Costain, Chairman; G. Harlan Wells.

*So far as acceptances have been received at time of going to press.—Editor.

October Meeting of the Board of Trustees

President Miller has called a special meeting of the Board of Trustees at Hotel LaSalle, Chicago, on Saturday, October 10, 1914, at ten o'clock.

Place of Meeting, 1915

In accordance with the action of the Institute at Atlantic City the Committee on Place of Meeting will continue to receive invitations from places desirous of securing the meeting of the Institute in 1915.

Such applications must contain information on the following points:

1. Hotel accommodations and rates.

2. Where the hall for meetings is located and its seating capacity.

3. Number of rooms available for meetings of Sectional Societies, Seniors, Trustees, Treasurer, Registrar and Committees, with size of the same.

4. Number of square feet of space for exhibits and whether exhibits will be displayed in same building in which meetings are held.

In addition to the above any special advantages offered by way of entertainment should be mentioned.

Invitations should be sent to T. H. Carmichael, M. D., 7127 Germantown Ave., Philadelphia, Pa., Chairman Com. on Place of Meeting.

Revised Membership List

The members of the Institute are requested to check up their address in the membership list published in the JOURNAL, November, 1913. In case of error, which has not already been corrected in the pages of the JOURNAL since March, 1914, send a card to the Secretary with the corrected address. The revised list will be published in the November JOURNAL. Copy goes to press October 15th.

Covers for Volume VI

Covers for binding the JOURNAL are now in process of making and will be sent in response to request from members whose dues are paid.

Corrections in the October Journal

Dr. Annie M. Hawley, Pughtown, Pa., was the donor of the $8,000 for the Pottstown Hospital.

Ward Raymond Noyes, Brattleboro, Vermont (B. U. 1900), should be added to the list of new members of 1914. Also Edward S. Calderwood's college, B. U. 1875; and Raymond W. Williamson's college. Mich., 1907.

To Contributors

Proof of an original article is sent to the essayist when practical, and the stenographer's copy of the discussion upon each Institute paper. When the stenographer's copy of discussion is sent, it is quite practicable to revise the structure of sentences. But in the case of proof, correction of other than typographical errors involves additional expense. In case of reprints, this revision of sentence-structure can be made and the additional expense added to the cost of reprints. The price list of reprints is found on page 1 of the advertising section. The number of pages can be estimated readily from the galley proof.

American Association of Clinical Research

By James Krauss, M. D., Secretary.

The program for our sixth annual meeting in Baltimore, Maryland, is being completed. Many notable men are to participate. If you have not sent the title of your paper, please do so at once. I shall be glad to make space for you on the program before it is closed.

Our headquarters will be at Hotel Emerson, Baltimore and Calvert streets. Special rates are made for our members and friends. Please order your room at once.

Day and evening sessions will be held at Loyola College, corner of Calvert and Madison streets.

Morning clinics will be held at Maryland General Hospital, Linden avenue and Madison streets; at Biedler-Sellman Hospital, 2714 N. Charles street; at Howard Kelly Hospital, 1418 Eutaw place.

A banquet and ball will end the three-day program.

The President, Dr. Leonard Keene Hirshberg, has made the best possible arrangements for a successful meeting, and extends with the other officers of the year 1914 his heartiest invitation to you personally and through you to your friends to come to Baltimore, participate in our work on November 5, 6, 7, 1914, and make our sixth annual meeting remembered for profound success in attendance and scientific worth.

Please let me hear from you at once.

Ohio State University

College of Homœpathic Medicine

By Claude A. Burrett, M. D., Administrative Officer

The college year is opening at Ohio State University very auspiciously. We shall have a freshman class of from fifteen to twenty students without having more than two or three weeks to advertise the school and make preparations.

Our University Hospital is located on the campus and under the entire supervision of the faculty. It will be used exclusively as a teaching hospital and there will be no private cases admitted. We are establishing a free Dispensary in the city which will also be conducted for the benefit of our students, and will be a source of In-patients for our hospital.

This year our requirements are in accordance with the Ohio Medical Law, but next year we shall require thirty collegiate hours in addition to the high school diploma which is being required this year.

The members of the staff are in the city now and are enthusiastic over the prospects at the University. President Thompson is extending every possible assistance to us and we have the hearty support of the entire Administrative Board.

American College of Surgeons

An announcement issued by the American College of Surgeons contains the history, organization, method of selecting their members, and a list of the names of the surgeons upon whom fellowships were conferred at the first convocation on Nov. 13, 1913, in Chicago, and at the second convocation in Philadelphia on June 2, 1914. Nineteen hundred applications are still in the hands of the Committee on Credentials. Other applications for the charter member group will be received until Nov. 1, 1914, when successful candidates will receive their fellowships at the convocation to be held that month. After the list closes, next November, no one will be admitted to fellowship except by examination. The present members are those who have attained eminence in their profession.

From the Fellowship Address by Dr. James G. Mumford:

We plan, as has been so often said, to set a high standard for American surgery. We have already admitted those men only who gave proofs. By proofs we do not mean necessarily the mere writing of papers for medical journals—that fatuous and exaggerated test of ability, which may or may not be evidence of worth. By proofs we mean the *faithful, daily routine care of the sick*, using the best methods, applying the best technic, accommodating our hands to the facile use of our tools; but more than all, through study, through devotion, through self-effacement, through whole-hearted probity, through staging the scene always for the patient and never for the operator, to develop that elusive and rare product of common sense, known among the elect as surgical judgment. We do not open our ranks to men of age and wide experience only. We recognize eagerly the contributions of progressive and accomplished young surgeons. The diplomas of their schools, hospitals, and states certify to their right

to practice. A few years of further independent experience qualify them for our examinations and admission to the College. We count on their interest and support; every one of them must join us, for on them shall depend finally our future, and the success of this endeavor. We must not neglect to do missionary work among them. We are weary, wary, and experienced in many things. They are fresh, unreflecting, and joyous; but they too must assume the *toga virilis* and the burdens. So shall they mature in an atmosphere of purpose and resolve.

CORRESPONDENCE

Southern Homœopathic Medical Association

Danville, Va., Sept. 7, 1914.

To the Journal of the American Institute of Homœopathy:

The Southern Homœopathic Medical Association has the best prospects for a good meeting that it has had in years. Everything is rounding up into shape nicely. All the Bureau Chairmen are active and report good progress. Some of them have already submitted their full program.

In our next letter next month we are confident we can give a full program. The list of essayists is a guarantee of a good meeting.

The Local Committee have decided upon the Emerson Hotel as the Official Headquarters for the meeting. That is the newest and best hotel in that city of good hotels. Mayor Preston will make the address of welcome and they are in correspondence with several of the best men for the principal speaker of the evening.

Next month we will give you particulars and names. Don't forget the date, Nov. 10, 11, 12th.

Respectfully,

H. E. Koon, Pres. **J. L. Jennings**, Sec'y.

Arsenious Acid and Cholera

Dr. Reginald B. Leach, Paris, Texas, thus recalls his conference with Surgeon-General Wyman in Washington, D. C., Sept. 16, 1892:

Sulphuric acid is a valuable commodity; it is cautiously handled and, for many good reasons, not to be wasted; in its making, it is collected, over flowers of sulphur, into lead vats and shipped to the market in hermetically sealed glass jars; it was, most likely, some other ingredient of the iron pyrites, from which the sulphuric acid is made, which apparently affected the protection to the particular community (in Belgium) referred to by the Illinois physician who first promulgated the sulphuric acid prophylaxis theory; for it is

a well known fact that arsenious acid is in combination in all iron pyrites, and that it volatilizes at 180° C., while the sulphuric acid volatilizes at 338° C., making it, in my opinion, the arsenious acid which, passing out in the smoke from that factory, impregnated the surrounding atmosphere, at a time when the sulphuric acid was collected and utilized as designed.

This argument seemed entirely satisfactory to Gen. Wyman but, he argued further, "how about the alleged protection of those in the neighborhood of the copper smelters, as alleged to be a fact in Germany." And all I could answer was that, as copper was obtained from copper pyrites, and these contain arsenious acid in combination with cobalt, sulphur, iron and the copper, and as the arsenious acid readily volatilizes in the process of smelting out the copper, it was, in my opinion, the arsenious acid, and not the copper, which impregnated the smoke from those smelters, and through it the surrounding atmosphere; and that, therefore, there being no other equally potent or similarly acting drug thus expressed and apparently disregarded (it was not only the copper workers, but their families and neighbors, within a certain radius, who were apparently immunized against cholera), I believed this but one more proof of the probable efficiency of arsenicum. Gen. Wyman at once made the unsolicited and unequivocal promise, "Your theory is incontrovertible except by test, which we will make at once when we have material either in suspects or in patients."

British Field Hospital for Belgium

Sept. 1, 1914.

To the Journal of the American Institute of Homœopathy:

Please note the heading. I expect we shall go within a week. All our band are honorary workers, even to the cooks and washers. Some seven or eight owners are taking their cars, driving themselves, and maintaining them for transport and ambulance work. One driver is the wife of General Congreve who is at the front. We are a mobile unit to be stationed close to the rear of the firing line . . . . We promise to finance the concern in England so as not to be a cost to Belgium. My address for war time will be care of Wells Fargo Bank, 28 Charles St., London, West, though I don't know when I shall get mail. My house is closed, which will explain unanswered letters. Dr. Burford will carry on the Council work in countries free of war. I shall try to carry homœopathy out at the front. All who cannot go, can help at the front, as you see by the enclosed slip.

Fraternally,

E. Petrie Hoyle.

[Enclosure]

THE BRITISH FIELD HOSPITAL FOR BELGIUM

"In Serviendo Alios Consumor!"

UNDER THE PATRONAGE OF H. R. H. THE QUEEN OF THE BELGIANS

Recognized by the War Office and Officially under the BELGIAN RED CROSS

Tre British Field Hospital is a contingent of Honorary Workers; not a member is receiving any money or recompense; many of them are subscribing to the expenses, as their means permit.

The Staff consists of five surgeons and 20 fully trained nurses. The equipment includes about 40 beds for wounded, including a field operating tent with good equipment, x-ray apparatus, motors to carry wounded, an ambulance wagon and four horses.

This Field Hospital is taking out every requisite for hospital emergency work to handle the wounded as close in the rear of the battle field as is deemed safe by the Belgian Red Cross Society; it is capable of being moved from time to time to keep very close in touch with the most serious cases. It is expected that after engagements there will be a rush of work, hence the high number of surgeons and nurses for number of beds. The volunteer motors will feed and relieve the Field Hospital as far as possible, aiding and working in conjunction with the Belgian Red Cross.

After we are equipped, this Field Hospital must be self supporting. We cannot be a burden to the Belgian Society, as they are overworked as it is, so we very earnestly request further financial assistance from those who cannot go to the front, ALWAYS REMEMBERING THAT FUNDS SUBSCRIBED WILL BE SPENT SOLELY FOR ACTUAL SURGICAL AND FOOD NECESSITIES.

Cheques should be crossed London County & Westminster Bank, Sloane Square, and earmarked for the British Field Hospital for Belgium. These may be sent direct to Gen. O'Gorum, Hon. Treas., care London County Westminster Bank, Sloane Sq. W., London, Eng.

The wife of a General, who is at the front, is taking, running and maintaining a motor, which will be used for transport; and she, having had experience abroad, is caring for our commissariat.

Turpentine. Hughes claims the sphere of terebinthina to be in those cases in which congestion is the principal factor, and the presence of blood and albumin and decrease of water are the urinary features; in nephritis from cold rather than from scarlet fever; and also in choleraic affections involving the kidneys where the circulation is primarily at fault and suppression of urine is the greatest danger. It is also indicated in those cases which have lapsed from the acute variety and in which the kidneys are large and white and where uremia is rare, and the worst effects arise from loss of albumin and dropsy from insufficient execretion of water.

Farrington indicates its usefulness in the early stage of renal diseases when congestion predominates, that is before renal casts appear in any quantity in the urine.—*Roberts.*

GENERAL NEWS

California. Dean James W. Ward reports 22 new students matriculated in Hahnemann Medical College of the Pacific.

The Panama-Pacific Exposition will proceed as scheduled, notwithstanding the war. The color scheme is a dream of beauty, and the Bay as an approach to the Exposition grounds will contribute to make the summer of 1915 memorable in history.

Dr. Cowperthwaite, in a personal letter, extols the summer climate of southern California as being less subject than the middle west to extremes of temperatures.

Dr. Paul Barnes, Hahn. Pac. '14, has located in Grass Valley.

Florida. Dr. Henry Stout of Jacksonville, is recuperating from his accident in Chicago, at the home of his brother in Elk Ridge, Maryland.

Illinois. With the fall, medical activities are astir. Dr. G. M. Cushing entertained at his home the September meeting of the Englewood Society with a surgical program, presenting papers from Drs. Cliver, Boone, Cushing and Mitchell.

The After Dinner Club opened the season with Miss Dorothy Clark as guest, who related incidents of her travels across France after war was declared. Dr. Kimball, just returned from Berlin, spoke in behalf of German courtesy to Americans. Upon resignation of Or. Spencer as president, the following are the officers elected for the ensuing year: President, Dr. McCrillis; Vice-Presidents, Drs. Russell and Cornell; Secretary, Dr. Paine; Treasurer, Dr. Hunt.

Dr. Byron E. Miller, president of the Institute, will be the guest of the Chicago Homœopathic Medical Society at the October meeting. The date is changed from the usual 3d Thursday to the 2d Thursday, October 8th. Dinner will be served at 7, at Hotel LaSalle. President Miller, Drs. Chislett and Cobb are promised on the program, also the new quartette. The After Dinner club is in charge of the preliminary social hour, 6 to 7. An invitation is extended to all homœopathic fans within a day's ride of Chicago.

A gift of $500 from Mrs. Victor Lawson to the departments of gynecology and pediatrics in Hahnemann College has made possible the fitting up with modern equipment the Annex Building with waiting room, history room, two dressing rooms, and a sunny room for the children's clinic. The College year has opened under most auspicious conditions.

A belated report of the Institute Special Train, by Dr. Wilson, pays this tribute to Dr. Costain:

"The Chairman of the Transportation Committee did very much more than he will get credit for and received many kicks which did not belong to him. A trip to the In-

stitute on one of these special trains is most delightful. Go yourself and invite your friends to go."

Dr. Elizabeth Muncie, Brooklyn, operated at the West Side Hospital in Chicago during the recent session of the Orificial Surgeons.

September finds the local people back: Drs. Kahlke and Cobb from the north woods, Dr. Gordon from New England, Dr. Spencer from Wisconsin, Drs. Cliver and Schenkelberger from Europe, Dr. Cushing from Minnesota.

Visitors are passing through or staying in Chicago: Dr. Parsons on his way from Wisconsin back to St. Louis, Dr. De Vasher of Muskogee, Oklahoma, and Dr. Nair of Oshkosh, Wis., are in attendance upon the Orificial Conference; Dr. Brooks, member of the Arkansas Board of Health, is following up the psychological work being done in connection with the municipal courts.

Dr. Julia Strawn was hostess, September 18th, to the faculty of Hahnemann College and other guests in honor of Dr. Cecilia Kimball, who has returned from three years of medical study in Vienna. Dr. Kimball's work has been in general medicine, in electricity and in pathology.

Missouri. The entire medical profession of Kansas City and Missouri is saddened by the death of Dr. William Forster. No one knew the man without a profound respect for the sturdy integrity of his character.

The medical college starts out with a good prospect as a practical result of the effective co-operation of the Council on Medical Education and business friends and the medical profession in the state and Kansas City.

New York. Dr. A. B. Norton writes from England that, notwithstanding the war, he is finding in England much to enjoy. His return will be early in October.

Dr. Herbert Schenck was summoned to Union Springs shortly after the Institute session by the grave illness of his father. Death terminated the illness on August 5th.

Dr. Critchlow of Buffalo announces change of residence to 647 Lafayette Ave.

Dr. Ernest J. Phillips, Mich., '14, has received appointment in the Wende Hospital of Buffalo.

Dr. O. W. Pickard, Mich., '14, has been assigned interneship in the Rochester Homœopathic Hospital.

Dr. Samuel Freedman has terminated his service in the McKinley Hospital at Trenton and located at 150 Smith St., Brooklyn.

The Physicians' Travel Study Class, with headquarters at 236 East 69th St., New York, contemplate an extended trip in 1915, including San Francisco, Honolulu, Japan, the Philippines, China, returning either by way of Siberia to Europe, or through Canada.

Ohio. Technically, Dr. Claude Burrett is Professor of Surgery and Administrative Officer, rather than Dean of the Homœopathic College of the State University. Dr. Burrett does the work, but the title of Dean has not yet been conferred.

Rupert Fahnestock, aged 29, the only son of Dr. Joseph Fahnestock, Piqua, was killed August 18th, by a fall from a derrick. The accident is supposed to have been caused by contact with a live wire. The young man had just entered upon a career of promise.

Pennsylvania. The various medical meetings have made a good beginning. At the August meeting of the Goodno Medical Society, the new Dean of Hahnemann, Dr. W. A. Pearson, gave the chief address. Dr. Frank O. Nagle was the essayist at the Philadelphia County Society. His subject: The Ocular Symptoms of Tabes. Dr. C. M. Brooks entertained the Oxford Medical Club and read a paper on The Influence of the Sexual Glands.

An Auxiliary Alumni Association of Hahnemann was organized during the summer at Reading.

Hahnemann College opened on Sept. 28th. The address of welcome was given by the Rev. Floyd W. Tompkins, and the college address by Professor Widman. An ovation was given the retiring Dean, Dr. Van Lennep, who has marked his administration by the reconstruction of the curriculum, new laboratories for pathology, physiology, pharmacology, a hospital laboratory, a permanent endowment fund and a policy of frankly meeting every demand for advanced medical standards in education. The practical result is attested by a large matriculating class. The new Dean, Dr. Pearson, enters the work with enthusiasm, and is receiving the loyal support of a large circle of adherents.

Mr. and Mrs. Harry Vincent Hall announce the marriage of their daughter, Martha Rinehart, to Dr. R. Franklin Hill, August 26th. At home after November 1st, 6026 Catharine St.

The East End Doctors' Club of Pittsburgh elected the following officers for the ensuing year: Pres., Dr. W. F. Edmundson; Vice-Pres., Dr. C. C. Rinehart; Sec. and Treas., C. I. Wendt; Ex. Com., Drs.V. S. Gaggin, Wm. A. Stewart, and the Pres., Vice-Pres. and Sec. The club is scientific and social, formed about 1895. Membership, limited. There are at present 21 members.

England. Dr. Petrie Hoyle announces that he has surrendered his house during the war and that his permanent address will be care of Wells Fargo Bank, 28 Charles St., London, West. The Council meeting set for The Hague in August was, of course, impossible. An emergency meeting was held in the Board room of the Homœopathic Hospital.

About ten Americans were present. All formal propagandistic work will be suspended while Englishmen fight for victory. In the November issue a list of English-speaking homœopathic physicians on the Continent will be submitted for the use of travelers after peace is declared.

OBITUARIES

We will meet life's complexities honorably, loyally, bravely. If there is life beyond this life, we will face it when it comes.—Van Baun.

William A. Forster, M. D., Kansas City, Missouri. Professor of Surgery in the Hahnemann Medical College of the Kansas City University. Joined the Institute 1897. Died August 8, 1914.

At a meeting composed of members of the Faculty of the Kansas City Hahnemann Medical College, and members of the City Society, August 10th, the following action was taken on the death of Dr. William A. Forster:

We, the members of the Faculty of the Kansas City Hahnemann Medical College and the Homœopathic medical profession of Kansas City, desire to express our profound regrets on the departure of our friend and associate, Dr. William A. Forster, who passed into the Life Eternal August 8th, 1914.

Many of us have been associated with him in the work of building up our College, for the past twenty-seven years, and some of us have known him but a short time, but all will testify that he was a skillful surgeon, a capable and indefatigable teacher, and always popular with the student body. As a surgeon, he had achieved an enviable reputation, not only in the Southwest, but in the nation.

He was a conscientious homœopathic physician and always loyal to our College. Unselfishness was one of the most characteristic attributes of his life, and his deeds of charity are remembered by every one who knew him well.

He was President of our Board of Directors for the past year and was President of our State organization ten years ago, having done a great deal to make the Missouri Institute of Homœopathy strong and useful in the State of Missouri. He was a member of the Clinical Congress of Surgeons, and Professor of Surgery in our College.

He was a regular contributor to medical journals, and his papers were always original, practical and progressive, greatly appreciated by the medical profession.

We will cherish his good traits of character and emulate his unfaltering devotion to the cause we love so well. We will attend his funeral in a body and will lay, upon his casket, a wreath of flowers as an evidence of our sincere appreciation of the man and our deep respect for his medical attainments and his life work.

FRANK J. BROOKS, M. D.,
Secretary of the Faculty.

Samuel H. Sparhawk, M. D., Cleveland Medical College, 1865. Joined the Institute in 1903. Died at St. Johnsbury, Vt., March 3, 1914.

Paul Rose, M. D., Hahnemann Chicago, 1893. Joined the Institute 1909. Died in Detroit, February 20, 1914.

In memory of Dr. Lemuel C. Grosvenor. (Journal A. I. H. p. 375.)

Richard N. Foster, M. D., Associate in college work in the Chicago Homœopathic Medical College: As a professional man and as a citizen, he was held in high esteem, and deservedly so. In general practice he did a great deal of good work for which his many patients hold his memory dear. And he left behind him a family well worthy of him as living evidence of his sincere labors in their behalf.

Jirah D. Buck, M. D., Cincinnati. Class of '64, Cleveland, Senior in A. I. H. since 1894, and President at the session of 1890:

It is over fifty years since I first met Dr. Grosvenor.

We were students together, and room-mates at the old Cleveland Medical College in 1863-4, before it bought the Humiston property and moved to larger quarters. And I took him home with me to study at Battle Creek, Mich., in the office of Smith Rogers, with whom I went into practice.

He was a very careful and conscientious student, and one of the cleanest, most intelligent, and conscientious men I ever knew; the very picture of health and vigor, and full of enthusiasm in his new profession.

After practicing for a short time at Peoria, Ill., he moved to Chicago, and began his career as an Obstetrician. He "made good" in every undertaking in life. We met for many years at the Institute, and exchanged visits at our homes.

Passing at ripe old age to the Great Beyond, all who knew him held him in the highest honor.

His whole life was constructive, and helpful to others. Such men never really die.

He has "gone to his own place,"
"Eternal progress moving on.
"From height to height the Spirit walks.

And I feel sure that we shall meet again on the same high road toward Perfection.

CHANGE OF ADDRESS

From Membership List in JOURNAL, November, 1913.

	Moved to
Abbott, Frona	512 Centr. Sav. Bank Bldg., Denver.
Clement, Samuel A	Mass. Hom. Hospital, Boston, Mass.
Cowperthwaite, Allen C.	630 Auditorium Bldg., Los Angeles.
Frank, J. W	2037 Chestnut St., Philadelphia, Pa.
Ganow, G. J	Oxford, N. Y.
Geis, J. A	Ann May Hospital, Spring Lake, N. J.
Herman, Howard H	1081 Reibold St., Dayton, Ohio.
Hoyle, E. Petrie	Care Wells Fargo Bank, 28 Charles St., London, W., England.
Junkermann, U. Z	Democracy, Ohio.
Lafferty, Joseph A	207 Trust Co. Bldg., McKees Rocks, Pa.
Ridley, S. R	Mineral Point, Wis.
Roper, Pulaski B	10539 St. Clair St., Cleveland, Ohio.
Schlesselman, Geo. H	Good Thunder, Minn.
Selders, Eda B	2826 Madison St., Chicago, Ill.
Sturges, Gertrude E	9 Rue Scribe, Paris, France.
Sumner, Charles R	100 Clinton Ave., Rochester, N. Y.
Tracy, Coyle J	245 Chamber of Commerce, Pasadena.
Watts, Harry A	1530 W. Monroe St., Chicago, Ill.
White, George Starr	327 So. Alvarado St., Los Angeles.

BOOK REVIEWS

Homœopathic Pharmacopœia of the United States. 3d edition, revised. Published under the direction of The Committee on Pharmacopœia, of the American Institute of Homœopathy. Otis Clapp and Son, Boston.

Harking back to student days the counsel of one of our senior professors still rings in the ears: "With your first fifty dollars, buy a skeleton, whether you have rugs or a bare floor." That is very old-fashioned advice, and not at all in accord with today's worldly wisdom of "mahogany in your office, whatever the furnishing of your brain." Close on to the skeleton comes the pharmacopoeia, as the means of laying a broad foundation for the student of internal medicine. A first-hand knowledge of plants and inorganic substances, in field and laboratory, goes far to relieve the student of the tedium of memorizing.

This volume, the third edition, is in excellent form, in paper, type and binding, a credit to the publishing house which has behind it a record of many years of uniformly good work. It is obviously a labor of love on the part of the man who has done the more laborious portion of the work, Dr. J. Wilkinson Clapp. A paragraph from the report given by the

Chairman of the Pharmacopeia Committee, Dr. Thomas Carmichael, at the Atlantic City Session, thus summarizes the result of twenty-five years of work on the part of Dr. Clapp:

> The Homœopathic Pharmacopœia of the United States is now confidently offered to the medical profession as an accurate pharmaceutical guide for the preparation of homœopathic remedies. In addition, it is the only accurate authority for the preparation of fresh plant tinctures, and as such, should commend itself to physicians of all schools and should have a place in the United States Pure Food Law as the standard for these preparations. An effort to secure this legislation should now be pressed with renewed vigor.

The possibility of an International Homœopathic Pharmacopoeia makes the work of the International Homœopathic Council of intimate interest and concern to every student of materia medica. *S. M. H.*

Anoci-Association. By George W. Crile, M. D., Professor of Surgery, School of Medicine, Western Reserve University, Cleveland; and William E. Lower, M. D., Associate Professor of Genito-Urinary Surgery, School of Medicine, Western Reserve University, Cleveland. Octavo of 259 pages, with original illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3,00.

The name of Crile is sufficient to arrest the attention of the reader. And this book on Anoci-Association comes when the surgical world is alert to hear and to see some new thing.

The purpose of the book is definitely stated in the preface, "the most practical presentation possible of the technic of anoci-association, although it is recognized that each operator who accepts the fundamental principles will work out their practical applications according to his own personal equation and to the surgical environment in which he works." The chapter on The Clinical Pathology of Shock is itself well worth the price of the book.

Agatha Hodgkins writes the chapter on Technic of Administering Nitrous-Oxid-Oxygen Anesthesia. *S. M. H.*

Serology of Nervous and Mental Diseases. By D. M. Kaplan, M. D., Director of Clinical and Research Laboratories of the Neurological Institute, New York City. Octavo of 346 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.50.

Scattered articles of merit on the subject of serology in nervous and mental diseases are to be found in general and special periodicals, but Dr. Kaplan is the first to collect the material in one volume and present it to the American medical profession. The book will be especially acceptable to neurologists and psychiatrists who will be glad to find the answers to many of their questions so available. *I. J. B.*

Some American Medical Botanists. By Howard A. Kelly, M. D., LL.D. Twelve mo., 215 pages, bound in library cloth, uncut edges, gilt top.

After a touching dedication to his mother, Dr. Kelly enters into a biographic sketch of thirty noted students of medical plants. These men are all contemporaries, many of them friends of Dr. Kelly. The book as a whole gives one a new respect for his medical forebears who, having time for detailed labor, have brought to the medical world, with great accuracy, a working knowledge of the curative agents found in plant life. Instead of four-walled laboratories, they worked in the fields and woods, and drew inspiration from God's own out-of-doors. And who shall say that their results were less important than the ultra scientific work of today? There yet remains a goodly number who believe that a physician's function is to cure disease as well as to name it. And to these this book will appeal particularly. Throughout is felt the charming personal touch of Howard Kelly himself, and this is one of its strongest features. The illustrations are many and beautiful, giving a clear picture of both men and plants. The type and paper are so good that one reads comfortably and approvingly. *M. E. H.*

Review of Homœopathic Medicine and the Natural Sciences. Bogota Colombia. A monthly publication by Moisés A. Pabón, Member of the Homœopathic Institute of Colombia, of the Homœopathic Academy of Barcelona of the Spanish American Union of Madrid, and of the Brooklyn Academy of Science.

Every organization, every community should have its publicity organ. Dr. Pabón is putting out a modest magazine for the first and second numbers. But the South American states are sure to come to the front, and the publication which starts early will have a prime advantage in later years. Among the collaborators are the familiar names of Doctors Fornias, of Philadelphia, Sutherland, of Boston, Van Lennep, of Philadelphia, and Antiga of Cuba.

The proving of capparis coriacea suggests the use of this drug in polyuria, amygdalitis, mucous diarrhea, coryza with fever, and glandular affections. The first of a series of articles on the flora of Colombia details the habitat, physiological action and therapeutic application of eucalyptus. *S. M. H.*

Progressive Medicine. Vol. XV. No. 2, June, 19194. A quarterly digest of advances, discoveries and improvements. Edited by Hobart Amory Hare, assisted by Leighton F. Appleman. Lea & Febiger, Phila.

The June number of *Progressive Medicine* is full of interest for the surgeon, the gynecologist, the general practitioner, and the opthalmologist. The reader of this quarterly who finds in its pages everything of late date pertaining to medicine and surgery, presented by men well known in the profession, might well be a less extensive buyer of books. The subjects treated in this number are: Hernia; Surgery of the Abdomen Exclusive of Hernia; Gynecology; Diseases of the Blood,

Diathetic and Metabolic Diseases, Diseases of the Thyroid Gland, Spleen, Nutrition and the Lymphatic System; and Ophthalmology. The illustrations are many, and unusually fine, the surgical articles, especially, showing each step in the technic of the most approved operative measures. The surgeon who writes on the subject of "Hernia" is a member of the staff of the Hospital for Ruptured and Crippled, in New York, where an average of nearly 1,000 cases of hernia in infants and children are treated yearly. In this surgical age, it is refreshing to find a surgeon conservative enough to advocate, even for the relief of infantile umbilical hernia, simple mechanical methods. The writer states that for twenty-three years they have used in this hospital for such cases a small pad, preferably a wooden button mold, covered with rubber plaster, and held in place by a two-inch strip of plaster surrounding the body of the child, with ideal results, thereby saving the children from shock of operation, and possible danger from infection. Many of the older generation may recall having seen this identical treatment given by the capable hands of their grandmothers twice twenty-three years ago. This reminds us of some recent discoveries (?) in medicine, of far greater importance, for which credit is not given where it is due. The cancer problem in relation to radiotherapy is given much space in this volume, and is naturally of great interest. The whole number contains a wealth of good reading. The careful and complete index, in so large a magazine, is of great use for easy reference. *M. F. McC.*

A Manual of Practical Hygiene. For Students, Physicians and Health Officers. By Charles Harrington, M. D., late Professor of Hygiene in the Medical School of Harvard University. Fifth edition, revised and enlarged by Mark W. Richardson, M. D., Secretary to the State Board of Health of Massachusetts, in collaboration with the following officials connected with the Massachusetts State Board of Health: W. H. Clark, Chief Chemist; X. H. Goodnough, Chief Engineer; William C. Hanson, M. D., Assistant to the Secretary; Hermann C. Lythgoe, Chief Analyst of Food and Drug Department, and George H. Martin, formerly Secretary to the Massachusetts State Board of Education. Octavo, 933 pages, with 125 engravings and 24 plates in colors and monochrome. Cloth, $5.00 *net*. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The enormous strides made during the past few years in the subject of hygiene has convinced the author of the previous editions of this great work that no single writer can cover the entire field. This edition, therefore, represents the result of collaboration between the editor and experts associated with him in the Massachusetts State Board of Health. This Board has always been noted for the high character of its laboratory investigations and of its public health administration. The book furnishes the latest information on this ever changing subject. *I. J. B.*

Blood Pressure in Medicine and Surgery. A Guide for Students and Practitioners. By Edward H. Goodman, M. D., Associate in Medicine in the University of Pennsylvania. 12mo, 226 pages, illustrated. Cloth, $1.50 *net*. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The clinical study of blood-pressure is but a decade old, but in these few years it has furnished a great amount of information. It has been the author's aim to make fully available the assistance which the study of blood-pressure affords in the diagnosis, prognosis and treatment of disease. The essentials are covered, and if after mastering them the reader is so disposed, he may range at will in an almost inexhaustible literature. *I. J. B.*

Diseases of the Heart. By John Cowan, D.Sc., M.D., F.R.F.P.S., Professor of Medicine, Anderson's College Medical School; Physician, Royal Infirmary; Lecturer in Clinical Medicine in the University of Glasgow; Examiner in Medicine, Royal Army Medical College. Octavo, 458 pages, with 199 illustrations. Cloth, $4.00 *net*. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

Great as have been the advances in the past decade in studies on the heart, there is more ignorance than knowledge. And the instruments of precision are not going to clear up all perplexities.

In a recent trying-out of three sphygmomanometers, two with the mercury tube and one with the diaphragm, there was a variation of 20 mm. And the diaphragm instrument stood about half way between the other two. Who shall decide when "syphgmos" disagree? More than one patient has been sent home in terror of an early death from a foul prognosis. When we have recovered from the hysteria of high blood-pressure and cancer, deduced from faulty instruments, insufficient data and unbalanced judgment, we shall settle down to a rational use of instruments of precision, of well-proven drugs and of wisely regulated daily routine. *S. M. H.*

Radium and Radiotherapy. Radium, Thorium and other Radio-Active Elements in Medicine and Surgery. By William S. Newcomet, M. D., Professor of Roentgenology and Radiology, Temple University, Medical Department; Physician to the American Oncologic Hospital; Fellow of the College of Physicians, Philadelphia. 12mo, 315 pages, with 71 illustrations and 1 plate. Cloth, $2.25, *net*. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

One of the few books on the subject of the scientific and medical properties of radium written in the *English* language, Considerable space has been devoted to the chemistry and physics of the radio-active elements in the belief that a knowledge of their properties will aid in their therapeutic application. In the medical portion the details of many different processes for the same indication are often given, making it possible for the physician to select one which meets the requirements of the individual. *I. J. B.*

A Text-Book of General Bacteriology. By Edwin O. Jordan, Ph.D., Professor of Bacteriology, in the University of Chicago and in Rush Medical College. Fourth edition thoroughly revised. Octavo of 647 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.00 net.

In the fourth edition of this well-known book, several sections have been rewritten to bring them into harmony with advances in knowledge, and some new matter has been added. A new chapter on The Filterable Viruses has been inserted, important additions have been made to the chapters on poliomyelitis and whooping-cough; and the bacteriology of streptococcus sore throat is considered in a new section. *I. J. B.*

A Manual of Clinical Diagnosis by Means of Laboratory Methods. For Students, Hospital Physicians, and Practitioners. By Charles E. Simon, M. D., Professor of Clinical Pathology and Experimental Medicine in the College of Physicians and Surgeons, Baltimore. Eighth edition, enlarged and thoroughly revised. Octavo, 809 pages, with 185 engravings and 25 plates. Cloth, $5.00 net. Lea & Febiger, Philadelphia and New York, 1914.

An eighth edition of a work which is obviously popular with laboratory workers. For the general practitioner, more bedside and less laboratory detail would make the book more valuable. *S. M. H.*

Modern Medicine. Its Theory and Practice. In original Contributions by American and Foreign Authors. Edited by Sir William Osler, Bart., M. D., F. R. S., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in Johns Hopkins University, Baltimore; formerly Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal; and Thomas McCrae, M. D., Professor of Medicine in the Jefferson Medical College, Philadelphia; Fellow of the Royal College of Physicians, London; formerly Associate Professor of Medicine in Johns Hopkins University, Baltimore. In five octavo volumes of about 1,000 pages each, illustrated. Volume III. Diseases of the Digestive System—Diseases of the Urinary System. Just ready. Price per volume, cloth, $5.00, net; half morocco, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

Of making many books, verily, there is no end. The names of Riesman, Friedenwald, Opie, Rolleston, Garrod, Herrick, Brown, and Young, all of whom contribute to the book, do not serve to dim the title page, where Osler looms big.

S. M. H.

Diseases of the Rectum and Colon and their Surgical Treatment. By Jerome M. Lynch, M. D., Professor of Rectal and Intestinal Surgery, New York Polyclinic; Attending Surgeon, Cornell Dispensary; Fellow of the American Proctologic Society, New York; Gastro-Enterological Society, etc. Octavo, 583 pages, with 228 engravings and 9 colored plates. Cloth, $5.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The rectum and colon have come into their own in the realm of surgery, but there is a large field in preventive medicine still untouched. *S. M. H.*

A Manual of Diseases of the Nose and Throat. By Cornelius G. Coakley, M. D., Clinical Professor of Laryngology in the College of Physicians and Surgeons, Columbia University, New York. New (5th) edition. 12mo, 615 pages, with 139 engravings and 7 colored plates. Cloth, $2.75, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The fifth edition of a useful, because practical, manual.

S. M. H.

Tenth Annual Report of the Homœopathic Hospital of Rhode Island, Providence, R. I., for the Year Ending Dec. 31, 1913.

Little Rhody does nothing by halves. The executive committee reports 598 patients cared for during 1913, with 543 surgical operations, a variety of medical cases and 4,540 dispensary patients given gratuitous care. The Treasurer reports an expenditure of $25,246.00. *S. M. H.*

Sixth Annual Report of the Brattleboro Mutual Aid Association, 1913.

The object of the Association is "a medium of exchange between those who need help and those who can give help in sickness or in household emergency." The illness in a family so often is consequent upon a previous household emergency, that the association appeals at once to the family physician as one of the good things to be advertised and promoted,—as a direct aid to the first asset of a nation, its children. *S. M. H.*

The Orates Hospital. Santiago, Chile, 1913.

This statistical work shows in every detail the good management of a South American hospital. There is evident cooperation between physicians and patients and the entire working force. Everybody connected with the institution labors for its welfare with love and enthusiasm. The doctors are steadily aiming at the origin of disease in order to eradicate the evil at its source.

The work also refers to the disastrous effects of alcoholism and of vice. Of the hereditary diseases an analysis is made of those which are transmitted in the direct line, and also those which skip one or two generations. Among mental maladies, acute melancholia, delirium tremens, cretinism, and other mental derangements are examined. All the diseases are studied during their different and various stages. *M.*

First Annual Report of the Chief, Children's Bureau, to the Secretary of Labor for the Year Ending June 30, 1913.

The work of the Children's Bureau appeals directly to every humanitarian. The scope of the work as outlined in the legislative enactment, *infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and Territories,* gives ample occasion for annual increase of appropriation, which Congress is pretty sure to grant. The Report should be on the desk of every student of social conditions. *S. M. H.*

NATIONAL SOCIETY OF PHYSICAL THERAPEUTICS

BUSINESS MINUTES

The Society met in session at the Hotel Chalfonte, Atlantic City, N. J., Monday, June 29th, at 2:30 p. m.; Tuesday, June 30th, at 8 p. m.; and Thursday, July 2nd, at 2:30 p. m. The average attendance was 22.

At the opening session the following papers were read: Address by the President, Dr. Edward B. Hooker, Hartford, Conn. The topic was Maturity and Old Age. Dr. Hooker laid stress upon the fact that arteriosclerosis and high blood pressure were very closely associated but not of necessity both present in the same case at the same time. An interesting fact also noted was that many of the so-called neurasthenic cases in persons of advanced age were cases of high blood pressure. The Doctor recommended that in such cases the amount of eating done by the patient be reduced to a minimum. The irregularities of sex at the age of between fifty and sixty years were spoken of and the necessity of *teaching THE CHILD* in early life so as to prevent disgrace when older and in advanced life was shown.

The paper of Dr. Hooker met with much applause.

Aside from the discussion of the topic of the paper, the President made some recommendations and they were to the effect that the bureau of Psychotherapy be dispensed with and that a new bureau of Dietetics be established. The committee on the report of the President was Dr. Dieffenbach, Dr. Brant and Dr. Howard.

When the committee reported, the recommendations of the President were approved and upon the vote of the society were unanimously carried.

The same committee was appointed to act upon nominations.

When the reports of the officers were called for there were none to report, as all were absent excepting the President. Dr. Franklin F. Massey was asked to act temporarily as the secretary of the sessions in the absence of the regular secretary.

The bureaus that reported on June 29th were those of Electrotherapy and Psychotherapy. The following papers were read:

Bureau of Electrotherapy—In the absence of Dr. King, Dr. Dieffenbach presided.

A Plea for the Prostate—Dr. N. R. Perkins, Dorchester, Mass.

Discussed by Drs. Dieffenbach, E. B. Hooker, Hartford, Conn., Geo. S. Coon, Louisville, Ky., C. M. Payne, Bridgeport, Conn., Dr. Ritchie,

Brewster, N. Y. Paper two—Some suggestions on the treatment of Neuritis, Wm. Harvey King. (In absence of the author, read by Dr. Dieffenbach).

Discussed by Dr. R. M. Schley, Buffalo, N. Y.
Dr. E. C. Williams, Hot Springs, Va.
Dr. R. T. White, Pittsburgh, Penna.
Dr. C. C. Brant, Brooklyn, N. Y.
Dr. Dieffenbach, New York.
Dr. Franklin F. Massey, Wernersville, Penna.
Dr. E. B. Hooker, Hartford, Conn.

Paper three—Reduction of Blood Pressure by High Frequency Currents. Dr. Dieffenbach.

Discussed by Drs. Gary, Hooker, Payne, Ritchie, Shute, Brosius, and Brant.

The Bureau of Electrotherapy was then closed.

The Bureau of Psychotherapy was then opened.

First—Sexual Perversions of Old Age. By Dr. Frank C. Richardson, Boston.

Discussed by Dr. H. C. Aldrich, who approves of circumcision. A case reported by Dr. Massey of a minister who developed very disgusting proclivities and became a menace to society, due to a very early association with the opposite sex and later on in life caused him to lose his morality.

Dr. Ritchie spoke of the necessity of living a moral *married* life and not one of licentiousness with even a legal wife.

Dr. A. H. King was to have read a paper, but in his absence the same was ordered read by title.

The second session of the society was held at 8 P. M. and in the absence of all of the persons who were to have read papers with the exception of the old stand-by, Dr. Dieffenbach, the evening was turned over to him and he gave a most instructive demonstration of the new Coolidge x-ray tube. After the demonstration the meeting adjourned and the members went to various other bureaus that were holding forth at that time.

The third session met on Thursday, July 2. All papers were reported either by being read in person or by title.

The following is the list:

Bureau of Kinesitherapy. G. Carlton Dominick, N. Y., Chairman.

Some Practical Results of Spondylotherapy. Dr. E. S. Smith, Bridgeport, Conn.

The Anatomical Basis of Function. G. H. Patchen, New York. Discussed by Dr. Eleanor Van Buskirk of New York.

Bureau of Hydrotherapy. Dr. Franklin F. Massey, Wernersville, Chairman.

Heat and Water as Therapeutic Agents. C. Spencer Kinney, Easton, Pa.

The Hygienic Treatment of Congestions and Hemorrhages. Robert Walter of Walters Park, Penna.

The Reasons Why Water and Heat Act as Therapeutic Agents for the Cure of Diseased Conditions. Franklin F. Massey, Wernersville, Penna.

The Indications for the Uses of the Prolonged Bath. Harry F. Hoffman, Allentown, Penna.

The following officers were elected to serve for the ensuing year:

President, Dr. Ernest P. Mills, Ogden, Utah.

First Vice-President, Dr. Laura J. Brown, Lincoln, Neb.

Second Vice-President, Dr. E. C. Williams, Hot Springs, Va.

Secretary, Dr. Franklin F. Massey, Wernersville, Penna.

Treasurer, Dr. A. F. Smith, Freeport, Ill.

Executive Committee, Dr. W. H. King, New York; Dr. E. B. Hooker, Hartford, Conn.; Dr. Clara E. Gary, Boston.

The following new members were elected: E. S. Smith, Bridgeport, Conn.; Cora S. King, Washington, D. C.; E. R. Ritchie, Brewster, N. Y.; C. E. Sharpe, Elgin, Ill.; Stella Q. Root, Stamford, Conn.; G. H. Patchen, New York; E. M. Blake, Philadelphia; E. C. Williams, Hot Springs, Va.

The meeting adjourned to meet in session with the American Institute of Homœopathy in 1915.

Franklin F. Massey, Secretary.

HEALTH CONSERVATION AT THE PANAMA-PACIFIC EXPOSITION.

San Francisco, July —Each of the great world's expositions of history has had its "uplift" side-show or its ethical or scientific phase. For example, at the Chicago World's Fair it was the World's Parliament of Religions; at the St. Louis Exposition great stress was laid on a World's Congress of Arts and Science. The Panama-Pacific International Exposition at San Francisco will go a long way further toward the heart—and stomach—of humanity to find its basic idea. That idea or keynote is Service—social, industrial, educational, hygienic, fraternal, economic.

The most pressing problems of today and of tomorrow—the problems of human welfare—furnish the basis not only of a large proportion of the 60,000 exhibits which already have been secured to fill the 65 acres of the eleven vast exhibit palaces, but of the laboratory and platform work of most of the extraordinary series of national and international congresses and conventions which will make San Francisco their quarters in 1915. Fully 500 such great gatherings are expected to hold sessions there; and of these, 221 already have voted to be present. In some instances a single one of these world congresses will bring 10,000 to 40,000 delegates and members from 20 to 35 nations; and a total of over a million delegates—all people of thought and of ideas to swap—already is assured.

Health—physical, moral and mental health—is the topic which in greater or less degree will engage the attention of scores of these great gatherings, and which will dominate acres of exhibits not only in the five-acre Palace of Social Economy and Education, but throughout the exposition generally. In the great building devoted to Social Economy will be most of the exhibits made by the various foreign

and state governments. These will be chiefly working displays and automatic wax and blown glass models, designed to popularize hygiene, physiology, sanitation, factory regulation and the like. These models, for the U. S. government and for some of the largest business and philanthropic corporations in the country, will be created on an elaborate scale never before attempted, by the celebrated Dr. Philip Rauer, and a corps of trained specialists, who in April of this year came over from Stuttgart, Germany, at the invitation of the Rockefeller Foundation and of the Panama-Pacific Exposition to take charge of such work. Rauer is the man who created the greatest series of models ever seen, called "Der Mensch" (The Human Being) for the Dresden Exposition, and which it is intended shall be shown at San Francisco. He will install a still greater lot of models for the U. S. health exhibit, on which a considerable part of the $500,000 appropriation will be expended.

The hygienic displays made by individual states will be so selected as to avoid duplication. Dr. Rupert Blue, Surgeon General of the U. S. Bureau of Public Health, held a conference in Washington in June, with the members of all the state boards of health and with the principal municipal boards. At this conference details as to the character and scope of the hygienic exhibit of each state and city was threshed out, so that each will display its specialty, no two showing the same thing at the exposition. This insures an invaluable and varied series of exhibits of an educational nature. It is claimed that this is the first time in the history of expositions that the "no duplication" system has been adopted. It is not confined to any one department, but it is the watchword in all the great palaces of exhibits.

This greatest of world expositions commemorates the completion of the Panama canal, and this the greatest engineering feat of modern times was made possible only by the achievements of medical science; the foundation of the whole project being the sanitation of the canal zone. . . Among the laboratory exhibits will be replica of the Panama canal, 500 feet in length, with miniature ships passing through it, and relief maps, charts, and wax models.

Cuba, which claims credit for doing the pioneer work in tropic city sanitation and in the eradication of yellow fever and plague, which made the later canal work possible, will come to the exposition with an elaborate hygienic exhibit which will occupy the most prominent place in the Palace of Social Economy, and will include model hospital equipment, a model of a fever mosquito as large as an ostrich and automatic models made by Rauer to show at a glance how to combat tropic diseases. Cuba's appropriation is a quarter of a million dollars. Argentina, with the enormous appropriation of three million pesos, will have a very modern welfare and health exhibit.

In addition to the governmental and state exhibits, there will be unexampled health and human welfare displays assembled by such organizations as the American Steel Corporation, which expects to expend $100,000 on its exhibits; the General Electric Company, which also will show its appliances for conserving the health of factory

employes; the various insurance companies, the Rockefeller Foundations and the Social Survey. All health and social economy displays hookworm; and the Russell Sage Foundation, and Carnegie institutions and the Social Survey. All health and social economy displays made by commercial firms will be housed in the five-acre Mines building, along with an exhibit by the federal government covering work done for the health and safety of miners.

Another exhibit of importance to the medical and surgical world is the model emergency hospital which the exposition already has installed. It is in charge of Dr. R. N. Woodward, superintendent of the U. S. Marine Hospital in San Francisco, and will be maintained by the U. S. Department of Health. It will be used as the exposition emergency hospital.

Included in the series of 221 international and national congresses and conventions of learned, scientific, industrial, ethical and other bodies which already have voted to hold their sessions at the Panama-Pacific International Exposition, are many conventions having to do directly with public health and hygiene. Among participants will be the American Academy of Medicine, the National Commission on Mental Hygiene, five organizations of eye, nose and throat specialists, various societies for the elimination of tuberculosis, cancer and other diseases.

The sessions of all these bodies will be held for the most part in the new permanent Auditorium which the Exposition is erecting, which has a seating capacity of 10,000 in its main hall, with eleven subsidiary halls. The Festival Hall with a seating capacity of 3000, and the Greek Theatre at the University of California, seating 12,500, visible across the bay from the exposition grounds, also will be used for these vast congresses.

BORAX WILL PREVENT THE TYPHOID FLY FROM BREEDING.

Washington, D. C.—As a result of experiments, the specialists of the Department of Agriculture have discovered that a small amount of ordinary borax sprinkled daily on manure, will effectively prevent the breeding of the typhoid or house fly. Similarly, the same substance applied to garbage, refuse, open toilets, damp floors and crevices in stables, cellars or markets, will prevent fly eggs from hatching. Borax will not kill the adult fly nor prevent it from laying eggs, but its thorough use will prevent any further breeding.

As a result of experiments carried on at the Arlington Farm, in Virginia, and New Orleans, La., the investigators found that 0.62 of a pound of borax, or 0.75 of a pound of calcined colemanite (crude calcium borate) would kill the maggots and prevent practically all of the flies ordinarily breeding in 8 bushels of horse manure from developing. This was proved by placing manure in cages and comparing the results from piles treated with borax and from untreated piles. The borax, it was found, killed the fly eggs and maggots in the manure and prevented their growth into flies.

Bulletin 118, U. S. Dept. Agriculture.

THE WESTERN DOCTORS WALK THE PLANK

By W. Henry Wilson, Special Reporter for the Institute Train—1914

(Delayed in transmission)

Listen, my children, and you shall know
Of the midnight ride on the B. & O.
It was June 27th in the year '14—
Not one of the elect will forget, I ween
How the heavens thundered and the wind did blow.

Shall we arrange for hotel accommodations in advance? Which is best, American or European plan? Must the hotel be on the Boardwalk? Does the Boardwalk run out into the ocean? These problems and many others were considered by the executive committees of many households. The children asked, "How much time must fly before we start?" The elders asked, "How fast will the money fly after we strike the surf?"

When June 27th finally arrived there assembled at the Grand Central Station, Chicago, as handsome and happy an assemblage of wanderers as ever graced a special train. A list of them reads like the catalogue of exhibits at a county fair. There was a Bartlett pair from Wisconsin, a Street from Chicago, Royal (ty) from Iowa, a Kaiser from Ohio, a Haw from Minneapolis and a Black (wood) from South Chicago, a Cobb from Chicago but no corn (products). Just to add a dash of color (?) there was a Gray and a Brown. One of the last to get aboard was a Newcomer.

At the last moment a couple of convicts from Joliet arrived, out of breath. They were in for life, but got away at the last moment.

After looking the assemblage over, Mr. Picking, the district passenger agent, said he was glad he had provided two diners, first because it looked as if they would be needed, and second, he had observed that while doctors forbade their patients to eat, they themselves were limited only by their physical capacity.

The B. & O. Railway loves Chicago more than any other railroad entering its limits. I am convinced of this by its great reluctance to get out of the city.

Did you ever ride on a train where all the passengers were members of the same family and that your own; where the equipment is not only of the very newest but where the management treats you as its own special guest? There were music, candy, attendants, and attention for everybody. There was one omission from the equipment, however, which everyone regretted, that was Mr. Picking. He had made every

effort to secure our comfort and safety and all regretted that he could not be with us.

By noon the sand dunes and the lunch were both fading out of sight at about the same speed. Following the lunch a parade from the observation car to the buffet car was inaugurated. This was intended as a preparation for the Boardwalk. Inspection was made of the dining car, storage and cooking equipment. After the entire train equipment had been carefully gone over, a large number assembled in the observation car and joined with the phonograph in singing all of the popular songs. Owing to the inability of Signor Campanini to be present, Dr. McBurney officiated as director.

Along about the middle of the afternoon it became apparent that the railroad management was pulling off not only a wholly new stunt but one on a more extensive scale than had ever been provided before for a special company. It was noticed that there was no dust and had not been for some time. A little later not only no dust but a great deal of water on the track and immediate neighborhood. On inquiry we found that the road had arranged for a rain storm of moderate dimensions to precede our train running on about the same schedule. It appeared as if the event was going to be successfully concluded, until about dinner time, when either the storm schedule was reduced or the train schedule was increased in speed and we were overtaking the performance. The thing had happened that always happens when one undertakes to run a job that is too big for him. The storm which the railroad had arranged for had gotten wholly beyond its control and from seven o'clock until near morning Nature ran things with a high hand. She had taken the whole show under her own management and was pulling off one of the most elaborately set thunder storms that had been seen in eastern Ohio for several years. The railroad management was so entranced that the division superintendent, the train despatcher and Mr. Allen, who was in charge of the train, sat up all night watching it. I might add that they also spent some time in watching the schedule and chances for washouts. This splendid display of electrical power was kept up until the train reached Pittsburgh. There a counter-exhibition is always on tap.

With daylight came the end of the storm and the beauty of the mountains. The mountain streams were torrents. Some of them were made up of milk and cream. The observation car was filled from 3:30 in the morning until the end of the day and the end of the trip.

At Harpers Ferry we first glimpsed the old Chesapeake and Ohio canal with its boats and mules rushing along with the same violent speed as in the days when old John Brown and his sons made their famous midnight capture of the Arsenal. Many of the doctors instantly resolved to return at least part

way by canal boat. I have authentic information that these plans were afterwards abandoned for the trip along the Boardwalk on the lightning express push chairs.

Soon anxious inquiries were made and it developed that we would be obliged to give up our two hours in Washington and possibly the two hours in Philadelphia. In the afternoon we had just time to say hello and goodbye to Washington. In Philadelphia the profession met us at the train and carried us in automobiles across the city in time for the special train over the Reading. That was the beginning of the first and only unpleasant event of the trip. The expressman who had been engaged to transfer the hand baggage of the passengers, dumped it in the street after the passengers had been urged to get on board the ferry. While it brought out evidence of racing talent that had never been suspected in some of the passengers it also developed a talent for profanity in others that had not been suspected either.

The distance to Atlantic City was soon covered and every possible haste was made to reach the Boardwalk while it was still daylight. There again some of the doctors exceeded their previous records. The Boardwalk was a surprise to all of those who had not been to Atlantic City before; it is probably the best moving human exhibit that can be found in America. The Atlantic City hotels are beautiful, splendidly equipped and their managers as a rule are very courteous. Many of the doctors complained that the meetings interfered with their promenades on the Boardwalk. Some of them seemed to feel that the meetings ought to be postponed or held somewhere else. Several said they would be perfectly willing to give up all other human experiences if they could only remain there for an indefinite period. As these doctors are well connected I will not mention names.

I wish, on behalf of the fortunate participants in this trip, to thank Dr. Costain and the officials of the B. &. O. for our good time and our safety. Gratitude is a rare virtue and the expression of gratitude felt is still rarer. The Chairman of the Transportation Committee did very much more than he will get credit for and received many kicks which did not belong to him. A trip to the Institute on one of these special trains is most delightful. Go yourself and invite your friends to go.

THE WANDERERS

Dr. Royal N. Allen and Miss Allen, Columbus, Ohio; Miss Uldine, Chicago; Drs. Harry G. Bevington, Detroit; A. L. Blackwood, Chicago; Leslie W. Beebe, Milwaukee; Edith V. Bartlett, Janesville, Wis.; Miss Bartlett, Beloit, Wis.; Dr. L. E. Bracken, Indiana; Dr. and Mrs. Frank Brannen, Chicago; Drs. J. B. Brown, Denver; J. P. Cobb, T. Edward Costain, John W. Cornell, Mary Claggett Cornell,

Anson Cameron, and A. C. Conrad, of Chicago; Dr. W. H. Diebel, Detroit; Dr. and Mrs. W. O. Denman, Toledo; Dr. and Mrs. H. G. Merz, Hammond, Ind.; Drs. B. A. McBurney, Chicago; Maria W. Norris, Grand Rapids, Mich.; D. T. Nicoll, Kansas; Mrs. A. Nelson, Kansas; Miss Newcomer, Ohio; Miss Catherine Page, Columbus, Ohio; Drs. Emil H. Raschke, La Grange, Ill.; W. E. Reily, Missouri; George Royal, Iowa; R. M. Richards, Detroit; J. E. Rowland, Ohio; W. A. Preston; Dr. Lewis Sherman and family, Milwaukee; Drs. C. E. Sawyer, C. A. Shulze and Miss Schulze, of Ohio; Drs. R. H. Street, Chicago; Stewart, Colorado; H. E. Vander Bogart, Wilmington, Ill.; Dr. and Mrs. E. E. Vaughan, Chicago; Miss E. H. Dougherty; Dr. and Mrs. C. H. Eyermann and son, St. Louis; Dr. Arminda C. Fry, Dr. and Mrs. A. H. Gordon and daughter, Chicago; Drs. David and C. H. Gillard, Port Clinton, Ohio; Belle Gurney, Chicago; Lulu Gray, Minneapolis; Mary Hanks and Miss Winans, Chicago; Drs. Lucy Busenbark-Harbach, Des Moines; Mary Hopkins, Oconto, Wisconsin; Viola Gray Haw, Minneapolis; Thomas H. Hudson, Kansas City; Marie L. Hunt, Chicago; O. S. Hawley, Arizona; W. F. Harpel, Chicago; J. W. Harris, Colorado; Mrs. Irwin, Ohio; Dr. and Mrs. Kaiser, Columbus, Ohio; Drs. C. J. Loizeaux, Des Moines; O. S. Wood, Omaha; Henry L. Wells, Cambridge, Ohio; L. G. Wilberton, Winona, Minn.; Dr. and Mrs. C. A. Harkness, Chicago; Dr. and Mrs. W. B. Welch, Joliet; Mildred Fillmore; Dr. and Mrs. W. Henry Wilson; Imogen and Elizabeth Wilson, Chicago.

There were others whose names were lost or were not secured. They have my apology.

WORTH REPEATING

The Situation in Minnesota. The July JOURNAL (p. 203-4) published a communication from Dr. William E. Leonard of Minneapolis on the question of a separate examining board. A summary of that correspondence with editorial comment is published in the September *Homœopathic Recorder:*

1. Do you approve of the examination and grading of Homœopathic Medical Colleges by the American Medical Association, its Councils or Committee?

Answers. "No" unqualified, *forty-four,* with the following remarks: *Four* would have a committee of the A. I. H. grade and examine our own colleges. *Four* favor a mixed National Board composed of all schools. *Three* would have the Homœopathists examine and grade their own schools to a standard adopted by the best. *Two* think we cannot stop the present arrangement and it raises our standards. *One* asks "Just what do you propose to do?"

Answers "Yes," *four,* one qualifying it as follows: "If discrimination. No." *Two* are uncertain, really do not answer the question and say it depends on how it is done.

Unanswered, *one.*

Eighty-six per cent. favor getting away from the A. M. A. domination.

2. Are you in favor of a separate Homœopathic Board of Examiners in Minnesota, as in ten states, for the license to practice medicine? These states are Arkansas, Connecticut, Delaware, Dist. of Columbia, Florida, Georgia, Louisiana, Maryland, New Hampshire and Pennsylvania. Twenty-six states have mixed boards. Thirteen states have straight A. M. A. boards.

Answers. "Yes," unqualified, *thirty-eight,* with the following remarks: *Two,* "must have an equal standard." *Two,* "Involves a stiff political fight." *One,* "if there is a reasonable chance of getting it." *One,* favors "a national examining board." *One,* "No license and a different system of schooling."

Answers. "No," *seven.* Of these, *two* think "We may get worse than the present arrangement." *Four,* are "afraid of a double standard,—think the fear of a 'mixed board' psychological." *One,* "we cannot claim favoritism or discrimination,"—would imply that we cannot pass examinations the old school are willing to pass.

Unanswerable, *one.*

Seventy-four (74) per cent. are in favor of a separate board.

My purpose in this questionnaire was to find out how our membership felt on these matters and to get some kind of a remedy. The result is disappointing to me and proves how far the deliberate plan of Dr. Perry H. Millard and the A. M. A. Committee of that day (1883 and '87) have succeeded in choking the life out of our school by "benevolent assimilation," as was intended at that time, with remarkable foresight!

How long can any minority flourish when governed by the rules and standards of an overwhelming, unsympathetic majority, even though treated with the utmost fairness?

I am personally not sure about the necessity of exactly the same standards, for our needs are entirely different. We need men,—the old school has too many. If they (the A. M. A.) continue to standardize our colleges, from the point of their needs, our students will grow less and less, although now on a slight annual increase, and it is only a matter of time when we perish by inanition.

I am fully convinced that our indifference is due to the complaisance with which our men join old school organizations and keep up interest in their affairs, to the neglect of the needs of our school of practice. What can be done with men potent in our councils, who say: "What's the use, we all belong to the A. M. A. anyway?" This is not true of some ten thousand homœopathists, nor should it be of any who believe in practice according to the homœopathic method, if any handicap remains upon any other practitioner who does the same. All should be loyal to their own school.

It may be—some believe it—that enough recognition is accorded us to warrant our disbanding and joining the old school ranks bodily; but those of us who are not ready to do that dislike to sit idly by and see our prestige fade away without attempting something to give the people confidence in the only rational system of applying drugs.

If a separate board here in Minnesota is possible or feasible, which it is not unless we agree on it as a whole and stick to it,—will it help us out by putting more men in our field? If not, what will? Or, shall we drift on down to fifty, to twenty-five and to none at all, as death and removal cut down our members, and let homœopathy die out in this rich and prosperous community?

In few other states is our situation more desperate after all the advantage we once had.

* * * *

[It has always seemed to us that Chinese methods of examining has nothing in it of any value. In the first place, the examiners do not examine—many of them couldn't pass themselves—and, in the second place, the ability of a candidate to answer a certain percentage of questions selected at random is no more a test of his fitness than would be his inability to answer them. It is merely a mnemonic test. If a medical college is unfit it should be suppressed, but if it is a reputable institution its degree ought to carry the right for its holder to practice anywhere in the United States with no more formality than registering.—Editor of the *Recorder*.]

The Language of a Remedy. Drugs are as individual as the source from which they are drawn. The language of the drug is its expression through its effects on the healthy and on the sick individual. Nux vomica represents a certain mind force or intelligence, valuable for its prompt action on the stomach and bowels, kidneys and liver, and as a nerve stimulant. Every doctor should make the acquaintance of many drugs and remedies and become familiar with their parts, their forces, their power for good or evil, and learn each individuality by whatever safe means at his command. Note the effects when taken by voluntary act or when accidentally taken by others? Mentally photograph every phase of it or draw a word picture for future reference. Arrange, then, a real or mental cinematograph. Thus equipped, with the two lines of evolving and revolving pictures before him, one living and tangible, the other a record of effects, he can reasonably go forward in his practice with assurance of success in his field of venture.

A number of sick people are coming down the line. No. 1 represents a zymotic disease—chill, fever, nausea, sore throat,

swollen tonsils, diphtheritic deposit on left side or on left tonsil. Note the drug cinematograph. Halt. Lachesis, this is your case. But when both tonsils are involved, diphtherinum, or the same thing in another form, antitoxin, is indicated.

Case No. 2, 9 or 10 a. m. A man comes to the front buttoning his coat; arms held close to the body; teeth chattering; body cold and shivering; hands and feet cold; headache; pain here, there, everywhere; thirsty, soon followed by nausea, vomiting, fever and general perspiration, etc. *These conditions repeat every twenty-four to forty-eight hours.* Halt at the picture sulphate of quinine, or bisulphate of quinine. Quinine is given and relief assured.

Case No. 3. Pain in the bowels; distress and constipation; frequent demands to evacuate the bowels; straining at stool; only bloody mucus passes. Turn the crank. Eyes on the moving picture. Merc. cor. 3x and up, indicated because cinematograph drug-picture shows that when given to a healthy person it will produce symptoms like the morbific effects above and effects like these: Dysentery, with green and fetid bilious evacuations, attended with colic and painful, pressing, urging tenesmus.

In this way the language of a remedy is learned. As far as possible go through the list of remedies and learn their language.

F. L. Davis, M. D., *Lancet-Clinic,* Dec. 14, 1912.

Treatment of Diphtheria with Cyanide of Mercury. In recent years several eminent men of the old school have expressed their interest in the therapeutic principle *Similia Similibus Curantur,* and have shown a sympathy for homœopathy. The late Dr. Rosenbach was a veritable champion of homœopathy in the University of Berlin. In spite of his achievements in pathology and pharmacological research the fact that he openly declared himself in sympathy with the new school of medicine led to quiet ostracism and indirectly to his untimely death. Von Behring of antitoxin fame has also brought out in his writings the logic of homœopathic therapeutics, but has not hesitated to criticize severely certain discrepancies of the new school in its attempt to put into practice the law of similars. Sir Almoth Wright of London has emphatically remarked upon the close relationship of vaccine-therapy to homœopathy. None, however, with the exception perhaps of Rosenbach, has taken the position of Professor Hugo Schulz, director of the Pharmacological Institute of the University of Greifswald in Germany. Both in his "Pharmakotherapie" of 1898 and in his "Wirkung und Anwendung der Unorganischen Arzneistoffe" of 1907 this author has laid

stress on the rationality of homœopathic therapeutics in the most outspoken terms. What he terms "Organotherapie" is nothing more nor less than a modern conception of homœopathy, nor does he hesitate to say so. His most recent monograph is "The Treatment of Diphtheria with Cyanide of Mercury." (Berlin, 1914.)

This is one of the most able scientific arguments in favor of homœopathy that has been penned of late by any medical man including those of both schools of medicine. The author begins with a discussion of pharmacodynamics in which he briefly explains his ideas on the place of drugs in therapeutics. He then reviews the use of the cyanide of mercury in diphtheria, giving due credit to the two homœopathic physicians, Beck and von Villers, for the introduction of this preparation in the treatment of the disease in question. Nor does he refuse to acknowledge the probable efficacy of their doses which were of the sixth centesimal dilution. Following this he cites no less than 554 cases collected from the literature (almost entirely from old school sources), in which the drug was used with satisfactory results both as regards a prompt recovery in mild and uncomplicated cases and as regards a low mortality in severe, advanced and complicated cases.

—*N. E. Med. Gazette, Aug., 1914.*

Vitality of Homœpathic Principles.—Some day, perhaps, there will be no distinctive homœopathic institutions. But that time will not come until homœopathic principles are generally accepted. So long as drugs are used in the cure of disease, just so long will they be used by a constantly increasing number according to the homœopathic law. It is impossible that it be otherwise.

Let every homœopathic brother put himself in the proper mental attitude toward his belief. Let him try to practice according to homœopathic principles. In the slang of the day, "Throw away your hammer and buy a horn. Quit knocking, toot." Then the homœopathic school will take care of itself.—*N. A. Jour. Hom., July, 1914.*

Bichloride of Mercury Poisoning.—Man aged 27. This patient had attempted suicide by taking three 5-grain tablets of bichloride of mercury. Prompt use of the stomach pump and hepar as an antidote, prevented any untoward symptoms. He was discharged cured August 7. This case is reported because it is quite different from the numerous spectacular cases reported in the daily press.—*Mills, in N. A. Jour. Hom.*

"Made in America—"

This is rapidly becoming the "trade-mark" of the World's standard, in all lines of human endeavor and achievement—artistic, commercial, scientific, utilitarian.

In the vanguard of time-tried, practice-proven **remedial exigencies** is the incomparable, unrelenting foe of the inflammatory processes—

American physicians have "made" Antiphlogistine a welcome adjuvant at the bedside in all inflammatory conditions. Its broad therapeutic applications have **now** become known and utilized by other physicians in every country on the globe. Antiseptic, hygroscopic, heat-retaining, sanitary, convenient, efficacious and cleanly — Antiphlogistine is "first aid" in all forms of inflammation, deep-seated or superficial.

AN ETHICAL PROPRIETARY FOR ETHICAL PHYSICIANS

Antiphlogistine is prescribed by Physicians and supplied by Druggists all over the world.

"*There's only ONE Antiphlogistine*"

The Denver Chemical Mfg. Co., New York, U.S.A.

PUBLISHER'S DEPARTMENT.

Classified Advertisements.

JOURNAL subscribers are entitled to free insertion of classified advertisements under the headings: WANTED—*Apparatus, Assistant, Books, Interne, Location, Partner, Situation.* A fee of 15c is charged if answers are sent care of JOURNAL. Remittance must accompany the order.

A PHYLACOGEN FOR TYPHOID FEVER.

An announcement that will undoubtedly occasion widespread interest among physicians is appearing in current medical journals over the signature of Parke, Davis & Co. We refer to the announcement of Typhoid Phylacogen. The new product is prepared from pure cultures of the bacillus typhosus of Eberth and Mixed Infection Phylacogen. As the name signifies, this latest Phylacogen is indicated in the treatment of typhoid fever or any pathological condition due to infection with the bacillus typhosus. Before being formally offered to the medical profession, Typhoid Phylacogen was subjected to rigid clinical tests extending over two years. The most significant fact developed by these investigations appears to have been the prompt amelioration of symptoms and rapidity of recovery in successful cases. Indeed, it is evident that, when properly treated, recovery not uncommonly takes place in approximately half the time required under conventional methods.

Parke, Davis & Co. have issued a 32-page brochure on Typhoid Phylacogen which deals in extenso with the new method of treatment, discusses diagnosis, dosage, technique of administration, etc., and reproduces a valuable paper by Dr. E. P. Benoit, professor of clinical medicine in the Laval University and physician at Notre Dame Hospital, Montreal, read before the Medical Society of Montreal and later published in "L' Union Medicale du Canada." Dr. Benoit refers at some length to a number of typhoid cases that were treated at the Notre Dame Hospital, concluding his paper with the significant observation that "the treatment of typhoid fever with Phylacogen gives real results." Physicians are advised to send for a copy of this "Typhoid Phylacogen" pamphlet, ad-

(Continued on page xvi.)

A TONIC OF BROAD APPLICATION.

NO CONTRAINDICATION OF AGE OR SEASON.

GRAY'S GLYCERINE TONIC COMP.

STIMULATES THE APPETITE
AIDS DIGESTION
INCREASES ASSIMILATION
PROMOTES THE NUTRITION.

INDICATED IN ALL
DISEASES DUE TO
FUNCTIONAL DERANGEMENT
OR NUTRITIONAL DECLINE.

THE PURDUE FREDERICK CO. 135 CHRISTOPHER ST.
NEW YORK.

TYPHOID PHYLACOGEN

FOR THE TREATMENT OF

TYPHOID FEVER

IS READY FOR YOUR SPECIFICATION.

FULL LITERATURE MAILED TO PHYSICIANS
ON REQUEST.

PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN

U. S. A.

Publisher's Department (continued)

dressing their requests to Parke, Davis & Co. at their home offices in Detroit, Michigan.

A MOUTH WASH IN FEVER CASES.

In all fever cases where the tongue is coated, the lips dry and cracked and the teeth covered with sordes, the use of some cooling and soothing mouth wash would seem to be indicated.

Glyco-Thymoline in a 25% solution with cold water fills this want perfectly. Its frequent use is grateful to the patient and at the same time a great factor in relieving the condition.

THE COMMON ENEMY.

Among the various bacterial species none, perhaps, exact a greater morbidity from mankind than does the streptococcus. In the variety, severity, and sequelae of the pathologic processes it produces it stands pre-eminent among disease producing bacteria. (Journal of Medical Research).

When one encounters a child, with an otherwise clean bill of health, giving a history of scarlatina, tonsillitis, earache, or some similar acute disease, and presenting well-marked septic endocarditis and arthritis, it is a pretty safe guess that one has to do with a sub-acute mixed infection, derived from one or all of the diseases mentioned.

The more one sees of these afterclaps of acute diseases, the more one comes to regard them in the light of mixed infections, which attack chiefly the epithelial and endothelial tissues, wreaking their first and most violent havoc upon the first, which soon mend, and their second more deadly venom upon the latter, which are not nearly so quick to recover. Thus, by this backward process of reasoning, one comes more and more to treat these subjects of endocarditis, arthritis, pleuritis and nephritis, of post-infectious origin, and the rest of the train of sequelae, with Combined-Bacterin Van Cott, which often makes just the difference between dismal failure and brilliant success. Of course, one must be sure of his bacterin and the best way to insure himself and his patient is to specify Combined-Bacterin Van Cott (Abbott).

Exhaustive booklet, "Biologic Products and How to Use Them," sent on request by The Abbott Alkaloidal Company, Ravenswood, Chicago.

The Rational Procedure

in feeding infants is to use milk modifications containing the carbohydrate producing the greatest gain in weight and causing the least diarrhoea and other disturbances.

Such a carbohydrate is

Mead's Dextri-Maltose

(Malt Sugar)

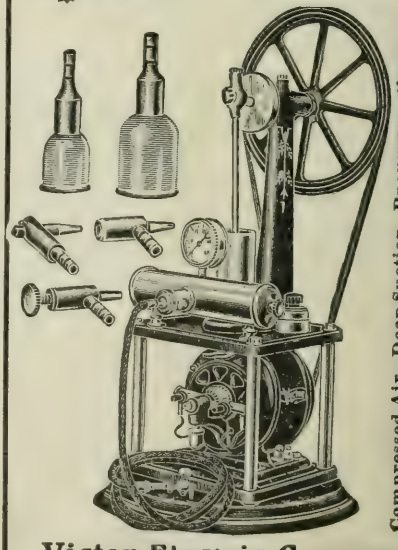
A non-proprietary, inexpensive carbohydrate, scientifically prepared for physicians, not the public.

MEAD JOHNSON & CO.

Jersey City, N. J.

VICTOR

Utility TANKLESS Pump



Compressed Air—Deep Suction—Pneumatic Massage
Vibratory Massage—Nasal Drilling—Heated Air
After you have used it, you will wonder how you ever practised medicine without it. Write for Bulletin No. 13-S.

Victor Electric Company

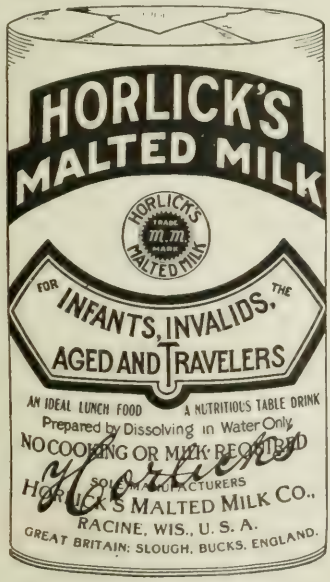
Factory and General Offices:
Jackson Blvd. and Robey Street, Chicago

Publisher's Department (continued)

AMERICAN SPAS.

The war has put a quietus on foreign exodus and for years to come the millions of dollars of American money spent annually in European trips will be left in America. It will educate Americans in many ways and especially in the way of health. At great expense and loss of time, thousands of afflicted Americans have yearly made pilgrimage to foreign spas, not because they could secure greater benefit but because it was the fad. America has numerous places that are just as effective as the foreign "cures," which are known in this country by the more modest name of sanitoriums. We have in mind one of these, situated at the head of a beautiful valley down in Indiana, where thirty years' experience and the expenditure of a fortune have wrought wonders both in the treatment of disease and in beauty. We refer to Mudlavia, at Kramer, Ind., where the Mud Baths originated as a scientific specific for disease. They have there some of the same attendants that helped administer these baths in a crude way thirty years ago. The same people who then started it as an experiment still operate it and the organization throughout has been trained through the constant broadening and progressive features that cover all these years, so that their knowledge and skill is one of the big assets of this popular and successful sanitorium. One writer frankly states that it did not require a foreign war to get him to Mudlavia, for two years ago he tested the Mudlavia Treatment, "after trying the baths of all the famous watering places in the world, and can frankly state that none of them benefited me so much as Mudlavia, with one exception—Carlsbad, which is equal to it." Many people who have been going abroad in search of health will naturally turn to Mudlavia and the next few years ought to be very prosperous ones for that successful institution.

HORLICK'S



HORLICK'S

ASK FOR IT BY NAME

AND THUS AVOID SUBSTITUTION

ORIGINAL - GENUINE

HORLICK'S MALTED MILK

Its Standard of Excellency is Always Maintained

The name "HORLICK'S" implies

SERVICE, QUALITY, ORIGINALITY

BEWARE OF IMITATIONS

Horlick's Malted Milk Co.

RACINE, WISCONSIN

CHALFONTE

is a new Fireproof building of the best type, located

ON THE BOARDWALK

ATLANTIC CITY, N. J.

BETWEEN THE PIERS

THE LEEDS COMPANY

Solicits your patronage and invites you to write for Illustrated Folder and Rates.

CHALFONTE IS ALWAYS OPEN

Diphtheria Antitoxin Mulford

For the Treatment and Prevention of Diphtheria.

Diphtheria Antitoxin has reduced the mortality of diphtheria from 40 per cent to less than 10 per cent.*

Diphtheria Antotoxin Laboratories

This mortality may be still further reduced

By using DiphtheriaAntitoxin earlier.

By giving larger doses—5,000 to 10,000 units.

By intravenous injections in severe or late treated cases.

The Time of Administering Antitoxin is Vital.—In the Philadelphia Hospital for Contagious Diseases, from 1904 to 1910, 256 diphtheria patients were treated on the **first day of the disease and all recovered.**

Patients treated on the **second day the mortality** was **5.4 per cent.**

In those treated on and after the **third day** the mortality was much higher.

The early administration of Antitoxin is imperative.

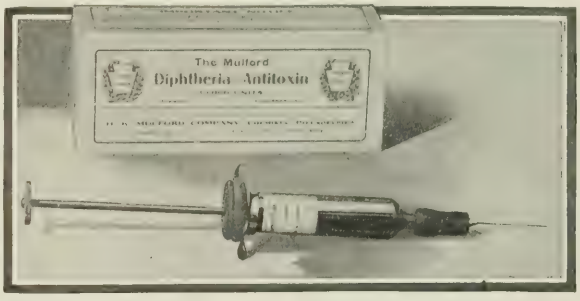
Larger Doses are Necessary.—The object in administering Diphtheria Antitoxin is to neutralize, in the shortest possible time, the poison (toxin) circulating in the blood stream and tissue fluids. Dr. William H. Park advises 10,000 units in severe cases for little children, and 20,000 units in severe cases for adults. This is practiced in many leading hospitals.

Intravenous Injection.—No case should be considered hopeless. In malignant cases and late stages of diphtheria recovery may be brought about by the intravenous use of Antitoxin in large doses. The Antitoxin is thus carried directly into the circulation and its activity exerted at once, whereas, if given subcutaneously, only one-tenth of the amount reaches the blood stream at the end of 24 hours.

The importance of large doses is appreciated when we consider the impossibility of ascertaining the amount of toxin circulating in the patient's blood. The only safe rule is to give **sufficient antitoxin.** The giving of larger doses than are necessary does no harm; but an insufficient first dose, and in some cases the lack of intravenous injection, may be serious mistakes.

Diphtheria Antitoxin Mulford is accurately standardized and repeatedly tested. It is supplied in the Mulford aseptic antitoxin syringes, ready for immediate use, containing 1000, 2000, 3000, 4000, 5000, 7500 and 10,000 units.

Literature supplied on request.



Diphtheria Antitoxin Package

*Osler states: In 183,526 cases of diphtheria treated in 150 cities previous to the use of antitoxin, the mortality was 38.4. Since the introduction of the antitoxin treatment, records of 132,548 cases show a mortality of 14.6; and leaving out those cases which did not receive serum injection, the mortality is reduced to 9.8. It is estimated that without antitoxin there would be, in the United States, over 64,000 deaths yearly from diphtheria, while the mortality has been reduced by the use of antitoxin to less than 15,000 in the United States alone. This means a saving of over 49,000 lives a year.

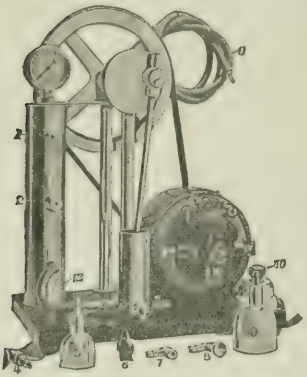
H. K. MULFORD COMPANY

Manufacturing and Biological Chemists, PHILADELPHIA, U. S. A.

New York Chicago St. Louis Atlanta Kansas City New Orleans San Francisco Minneapolis Seattle Toronto

The NEW Robertson

Compressed Air and Vacuum Machine



Compact
Powerful
Noiseless

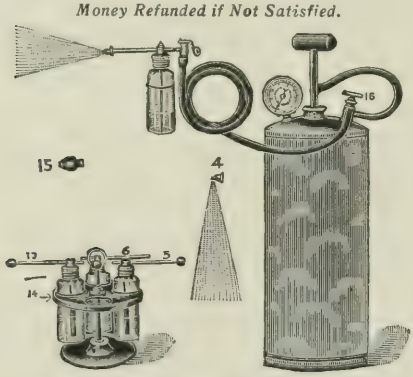
Improved to the last degree of Simplicity and Efficiency. No tank required. No labor. No waiting. Pressure the instant you turn the switch.

It also gives suction for hyperemia, etc. Also both aural and general massage by alternating suction and pressure. Occupying a space of 8 by 12 inches it does away with all cumbersome and expensive compressed air apparatus, and gives better service and satisfaction. Always ready. Attaches to any electric lamp socket.

Price complete for Direct Current . $50.00

Price complete for Alternating Current 55.00

Money Refunded if Not Satisfied.



The Robertson Gold Medal

Spraying and Nebulizing Outfit No. 150

Tank, pump, pressure gauge, needle valve, aseptic black rubber hose, automatic cut-off, two atomizers that spray either oil or water, universal nozzles that spray in any direction, 1 fine nebulizer, 1 powder blower, special nozzle for inflating the Eustachian tubes and middle ear, fine 4-bottle stand. The tank is beautifully finished in oxidized copper, other metal parts nickel plated. Pressure for a treatment obtained in 15 seconds working with one hand. The needle valve (16) holds the pressure indefinitely. Many physicians are discarding outfits that cost $50 to $100 and using the Gold Medal instead, because it does the same, or better work, with less than half the labor. We sell the outfit complete, as illustrated, for $10.50. Money refunded if you are not satisfied.

THE JAECKH MANUFACTURING CO.

Manufacturers of Dr. Robertson's Inventions

422 E. Eighth Avenue CINCINNATI, O.

The Allison Line

of PHYSICIANS' EQUIPMENT is Complete and Guaranteed

THE physician's office looks the part when equipped in rich mahogany. Let us tell you all about our

Aseptic Irrigating Tables and Automatic Chairs

Style 8

We are offering at greatly reduced prices our discontinued styles of tables and cabinets.

Send for List No. 2

Send for Catalog

Oxford

W. D. ALLISON CO., Manufacturers

954 N. Ala. St., INDIANAPOLIS, IND.

Periodical Binding

We bind periodicals in neat, substantial Buckram bindings such as the Institute Journal for 85c per volume; for inserting your copies in cover you furnish 50c.

Established 25 Years

B. LOGIN & SON

152 East 23d Street N. Y. C.

ADVERTISE IN

THE JOURNAL

OF THE

AMERICAN INSTITUTE

OF

HOMŒOPATHY

American Institute of Homœopathy

OFFICIAL REGISTER

September 26, 1914—September 26, 1915

OFFICERS

President, Byron E. Miller, Broadway Bldg., Portland, Ore.

Honorary President, John J. Detwiller, Easton, Pa.

First Vice-President, Harris H. Baxter, Cleveland, O.

Second Vice-President, Mary E. Mosher, Boston, Mass.

Treasurer, Thos. Franklin Smith. 264 Lenox Ave., New York, N. Y.

Registrar, William O. Forbes, Hot Springs, Ark.

Secretary, Sarah M. Hobson, 917 Marshall Field Bldg., Chicago.

BOARD OF TRUSTEES

Byron E. Miller, Portland, Ore.
Harris H. Baxter, Cleveland.
Mary E. Mosher, Boston.
Thos. Franklin Smith, New York.
Wm. O. Forbes, Hot Springs, Ark.
Sarah M. Hobson, Chicago.
J. Richey Horner, Cleveland, '12-'15.
Arthur B. Norton, New York, '12-'15.
Thos. H. Carmichael, Philadelphia, '12-'15.
John P. Sutherland, Boston, '13-'16.
Jas. W. Ward, San Francisco, '13-'16.
W. B. Hinsdale, Ann Arbor, '13-'16.
Joseph P. Cobb, Chicago, '14-'17.
W. E. Reily, Fulton, Mo., '14-'17.
Chas. E. Sawyer, Marion, O., '14-'17.

BOARD OF CENSORS

W. A. Paul, Chairman, '10-'15, 48 Charlotte St., Boston.

A. C. Cowperthwaite, '11-'16, Los Angeles, Cal.

Millie J. Chapman, '12-'17, Springboro, Pa.

Walter E. Reily, '13-'18, Fulton, Mo.

John B. Garrison, '14-'19, 616 Madison Ave., New York.

COUNSEL

Hon. Edward S. Clinch, 41 Park Row, New York City.

STANDING COMMITTEES—1913-1914

Arranged in order designated in By-Laws, Article VII.

Organization, Registration and Statistics, Thomas Franklin Smith, chairman, ex officio, 264 Lenox Ave., New York. (Registrar and three others.)

Interstate, Byron E. Miller, chairman, Portland, Ore.; E. Arthur Carr, secretary, Lincoln, Neb. ("2 members from each state to hold office 4 years; to be appointed by the respective state societies.")

International Homoeopathy, Geo. B. Peck, chairman, Providence, R. I. ("Committee of 5.")

Hahnemann Monument Committee, Thomas L. MacDonald, chairman, Washington, D. C.; Reuben A. Adams, Rochester, N. Y., Thomas Franklin Smith, New York City; Asa S. Couch, Fredonia, N. Y. ("Committee of 5.")

Pharmacopoeia, Thomas H. Carmichael, chairman, Philadelphia, Pa.; J. W. Clapp, Boston, Mass.; Lewis Sherman, Milwaukee, Wis.; F. A. Boericke, Philadelphia, Pa.; H. F. Staples, Cleveland, Ohio; Erving M. Howard, Camden, N. J.

Council on Medical Education, George Royal, chairman, Des Moines, Iowa.
John P. Sutherland, Boston, Mass. (Term expires Sept. 26, 1914.)
H. H. Baxter, Cleveland, Ohio. (One Year.)
Willis A. Dewey, Ann Arbor, Mich. (Two Years.)
George Royal, Des Moines, Iowa. (Three Years.)
John B. Garrison, New York City. (Four Years.)

Resolutions, F. C. Richardson, chairman, Boston, Mass. (Term expires Sept. 26, 1914); J. P. Cobb, Chicago, Ill. (One Year); A. B. Norton, New York City (Two Years); J. A. Campbell, St. Louis, Mo. (Three Years); Byron E. Miller, Portland, Ore. (Four Years).

SPECIAL COMMITTEES

1913-1914.

Local Arrangements, Thomas Youngman, chairman, Atlantic City, N. J.; Leon T. Ashcraft, Philadelphia, Pa.; T. Franklin Smith, New York City; J. T. Beckwith, Atlantic City, N. J.; A. W. Baily, Atlantic City, N. J.

Press, G. Harlan Wells, Philadelphia (Term expires Sept. 26, 1914); J. W. Mastin, Denver, Colo. (One Year); G. Forrest Martin, Lowell, Mass. (Two Years).

Transportation, T. E. Costain, chairman, Chicago, Ill. (Term expires Sept. 26, 1914); G. Harlan Wells, Philadelphia, Pa. (One Year).

Auditing, Alfred W. Baily, chairman, Atlantic City, N. J.; Herbert L. Northrop, Philadelphia, Pa.; C. E. Walton, Cincinnati, Ohio; T. T. Church, Salem, Ohio.

Homoeopathic Hand Book, Royal S. Copeland, chairman, New York City; Rudolph F. Rabe, New York City.

Drug Proving, J. B. Gregg Custis, chairman, Washington, D. C.; B. F. Bailey, Lincoln, Neb.; W. A. Dewey, Ann Arbor, Mich.; George Royal, Des Moines, Iowa; John P. Sutherland, Boston, Mass.; Rudolph F. Rabe, New York; Edwin H. Wolcott, Rochester, N. Y.

Permanent Endowment, William H. Dieffenbach, chairman, New York (Representatives from each state. See Page xxiii.)

College Alliance, W. B. Hinsdale, Ann Arbor, Mich.

Delegates to International Council, (The Hague, Aug. 6-8, 1914) James W. Ward, San Francisco, Cal.; Wm. Davis Foster, Kansas City, Mo.; Charles R. Sumner, Rochester, N. Y.; O. S. Runnels, Indianapolis, Ind.; H. P. Cole, New York City; Wm. B. Van Lennep, Philadelphia, Pa.; Arthur B. Norton, New York City; G. Forrest Martin, Lowell, Mass.

Medical Examining Boards and Medical Legislation, Nathaniel R. Perkins, chairman, Boston, Mass.; W. B. Gifford, Attica, N. Y.; Jos. S. Adsit, Hoopeston, Ill.; Guy E. Manning, San Francisco, Cal.; E. Arthur Carr, Lincoln, Neb.

National Legislation, James W. Ward, chairman, San Francisco, Cal.; Maurice C. Ashley, Middletown, N. Y.; Jno. A. Balcom, Lynn, Mass.; Luther A. Brown, Portland, Me.; William H. Hodge, Niagara Falls, N. Y.

Joint Conference Committee, Herbert D. Schenck, Brooklyn, N. Y.; George B. Rice, Boston; Royal S. Copeland, New York; W. Henry Wilson, Chicago; Benjamin F. Bailey, Lincoln, Neb.

Conference with Eclectic Medical Association, H. E. Beebe, Sidney, Ohio; Jno. M. Lee, Rochester, N. Y.; Henry C. Aldrich, Minneapolis, Minn.; C. F. Junkermann, Columbus, Ohio.

Conference with Regents of American College of Surgeons, J. C. Wood, chairman, Cleveland, Ohio; DeWitt G. Wilcox, Boston, Mass.; Herbert D. Schenck, Brooklyn, N. Y.; Walter Crump, New York City; C. E. Sawyer, Marion, Ohio; James W. Ward, San Francisco, Cal.; C. E. Kahlke, Chicago, Ill.

Amendment Art. I. Constitution, James Krauss, chairman, 419 Boylston St., Boston; Rudolph F. Rabe, New York; William Boericke, San Francisco; Henry A. Whitmarsh, Providence.

General Revision of Constitution and By-Laws, Royal S. Copeland, 58 Central Park, West, New York; J. Richey Horner, Cleveland; Joseph P. Cobb, Chicago.

COMMITTEE ON PERMANENT ENDOWMENT.

CHAIRMAN, WILLIAM H. DIEFFENBACH, 1748 BROADWAY, NEW YORK.

This interest-bearing fund is under control of the Board of Trustees through its bonded treasurer, Dr. T. Franklin Smith, 264 Lenox Ave., New York City, who will receive and acknowledge receipt of all funds.

Alabama.—A. M. Duffield, Huntsville; Belle A. Ayres, Citronelle.
Arizona.—G. D. Troutman, Tucson.
Arkansas.—W. O. Forbes, Hot Springs.
California.—J. W. Ward, Eleanor F. Martin, San Francisco; S. S. Salisbury, Los Angeles; W. E. Nichols, Pasadena; H. L. Stambach, Santa Barbara; J. T. Martin, Sacramento.
Colorado.—F. A. Faust, Colorado Springs; D. A. Strickler, Denver; C. E. Fisher, Sterling.
Connecticut.—E. B. Hooker, Hartford; Stella Q. Root, Stamford; G. G. Shelton, Ridgefield; W. P. Baldwin, New Haven.
Delaware.—L. W. Flinn, Florence M. Seward, Wilmington.
District of Columbia.—T. L. Macdonald, J. B. Gregg Custis, Washington.
Florida.—H. R. Stout, Jacksonville; L. C. Phillips, Pensacola.
Georgia.—C. M. Paine, Susan M. Hicks, Atlanta.
Idaho.—R. S. Gregory, Boise.
Illinois.—J. P. Cobb, G. Fitz-Patrick, Sarah M. Hobson, Chicago; W. P. Armstrong, Springfield; A. M. Houston, Joliet; G. E. Dienst, Aurora; W. E. Neiberger, Bloomington.
Indiana.—Sollis Runnels, Indianapolis; W. H. Baker, Terre Haute; F. L. Davis, Evansville.
Iowa.—George Royal, Des Moines; A. P. Hanchett, Council Bluffs; J. W. Cogswell, Grinnell.
Kansas.—Eva Harding, Topeka; C. E. Coburn, Kansas City; Anna C. Grigsby, Concordia.
Kentucky.—G. S. Coon, Louisville; P. G. Smoot, Maysville.
Louisiana.—Edward Harper, New Orleans.
Maine.—J. T. Palmer, Portland; Mary F. Cushman, Farmington.
Maryland.—E. C. Price, C. L. Rumsey, Baltimore; C. F. Goodell, Frederick.
Massachusetts.—H. P. Bellows, Clara E. Gary, Boston; J. H. Moore, Brookline; Harriet Horner, Newton Centre; W. H. Bennett, Fitchburg; G. F. Martin, Lowell; J. H. Carmichael, Springfield.
Michigan.—S. H. Knight, Detroit; W. B. Hinsdale, Ann Arbor; Corda E. Beeman, Grand Rapids.
Minnesota.—E. L. Mann, St. Paul; H. C. Aldrich, Minneapolis.
Missouri.—J. A. Campbell, St. Louis; L. P. Crutcher, Kansas City; W. E. Reily, Fulton; E. J. Burch, Carthage.
Montana.—C. S. Thompson, Helena.
Nebraska.—B. F. Bailey, Lincoln; D. A. Foote, Martha E. Clark, Omaha.
New Hampshire.—C. S. Rounseval, Nashua; Rebecca W. Wiley, Laconia.
New Jersey.—E. V. Moffat, Orange; C. H. Wintsch, Newark; T. S. Davis, Plainfield; M. D. Youngman, Atlantic City; A. Drury, Paterson.
New Mexico.—S. G. Small, Santa Fe.
Nevada.—M. E. Smith, Carson City.
New York.—A. B. Norton, St. Clair Smith, New York City; Emily C. Charles, W. W. Blackman, E. R. Fiske, Brooklyn; R. O. Phillips, Yonkers; H. B. Besemer, Ithaca; R. A. Adams, Rochester; J. T. Cook, Buffalo; J. W. Candee, Syracuse.
North Dakota.—J. W. Vidal, South Fargo; Francis Peake, Jamestown.
Ohio.—C. E. Walton, Cincinnati; Martha A. McBride, Zanesville; J. C. Wood, Cleveland; C. A. Schulze, Columbus; J. C. Fahnestock, Piqua; J. W. Overpeck, Hamilton.
Oklahoma.—M. Ethel Miller, Blackwell; F. D. Humphrey, Oklahoma City.
Oregon.—H. C. Jefferds, B. E. Miller, Portland.
Pennsylvania.—W. W. Van Baun, H. S. Weaver, Mary A. Cooke, Philadelphia; Julia C. Loos, Anna Johnston, Pittsburgh; W. A. Seibert, Easton; Edward Cranch, Erie; Isaac Crowther, Chester.
Rhode Island.—H. A. Whitmarsh, Providence; Gertrude Gooding, Bristol.
South Carolina.—A. LeR. Smethers, Anderson.
South Dakota.—H. C. Parsons, Watertown.
Tennessee.—W. A. Boles, Knoxville; C. G. Wilson, Clarksville.
Texas.—H. P. Deady, El Paso; E. P. Howell, Houston.
Utah.—C. A. Wherry, Salt Lake City.
Vermont.—Edward Kirkland, Bellows Falls; G. T. Forbes, Burlington.
Virginia.—G. F. Bagby, Richmond; Noah Jackson, Norfolk.
Washington.—E. W. Young, Seattle; E. R. Northrop, Spokane.
West Virginia.—C. M. Boger, Parkersburg; J. W. Morris, Wheeling.
Wisconsin.—Lewis Sherman, Milwaukee; N. A. Pennoyer, Kenosha; Mary E. Bartlett, Beloit.
Wyoming.—N. R. Wettaufer, Cheyenne.
Canada.—H. M. Patton, Montreal.

FORM OF BEQUEST.

I hereby give, devise and bequeath to the American Institute of Homœopathy, a corporation organized and incorporated under the laws of the United States, and existing by virtue of an Act of Congress, its successors and assigns, the following described property, be the same real, personal, or mixed, to-wit:

(Here describe the property or name the amount of money given to the Institute.)

Said money or property, or the proceeds of said property in case the American Institute of Homœopathy in its discretion may dispose of, or convert the same property into money, to be used as an addition to, and for the benefit of the Permanent Endowment Fund of the said American Institute of Homœopathy.

REGISTER OF MEDICAL SOCIETIES.

American Institute of Homœopathy.
See pp. xxi-xxiii for officers and committees.

Surgical and Gynecological Society, Claude A. Burrett, president, Columbus, O.; Scott Parsons, secretary, Wall Bldg., St. Louis, Mo.

Obstetrical Society, Robert Milton Richards, president, Detroit; H. D. Bishop, secretary-treasurer, Cleveland.

National Society of Physical Therapeutics, E. P. Mills, president, Ogden, Utah.; Franklin S. Massey, secretary, Wernersville, Pa.

O., O. and L. Society, Dean W. Myers, president, Ann Arbor, Mich.; Ira O. Denman, secretary, 425 Ohio Bldg., Toledo, O.

International Homoeopathic Council, George Burford, president; E. Petrie Hoyle, secretary, 84 Holland Park, London, West.

International Hahnemannian Association, Edwin A. Taylor, president, Chicago; Frank Patch, secretary, Framingham, Mass.

Southern Medical Association, Baltimore, November 11-12, 1914, Harry E. Koons, president; J. Leonard Jennings, secretary, Danville, Virginia.

American Association of Clinical Research, Baltimore, November 5-7, 1914. James Krauss, secretary, 419 Boylston, Mass.

Society of Homoeopathicians, George E. Dienst, president, Aurora, Ill.; Mary Lewis, secretary, Philadelphia.

STATE SOCIETIES.

The Secretaries are requested to make corrections promptly.

ALABAMA—A. M. Duffield, Sec., Hunstville.
ARKANSAS—Scott C. Runnels, Sec., Little Rock. May, 1915.
CALIFORNIA—G. E. Manning, Sec., San Francisco. June, 1915.
COLORADO—P. G. Rowe, Sec., Denver, Sept., 1914.
CONNECTICUT—Samuel Worcester, Sec., South Norwalk. May, 1915.
DELAWARE—V. D. Washburn, Sec., Wilmington. Nov., 1914.
IDAHO—H. M. Holverson, Sec., Boise.
ILLINOIS—G. M. Cushing, Sec., Chicago. May, 1915.
INDIANA—A. A. Ogle, Sec., Indianapolis. May, 1915.
IOWA—G. A. Huntoon, Sec., Des Moines. May, 1915.
KENTUCKY—G. A. Fischbach, Covington, Sec., Louisville, May, 1915.
LOUISIANA—F. H. Hardenstein, Sec., New Orleans. Jan., 1915.
MAINE—L. A. Brown, Sec., Portland. June, 1915.
MARYLAND—J. B. Towler, Sec., Baltimore. May, 1915.
MASSACHUSETTS—E. S. Calderwood, Sec., Roxbury. October, 1914.
MICHIGAN—A. B. Smith, Sec., Grand Rapids. May, 1915.
MINNESOTA—Annah Hurd, Sec., Minneapolis. May, 1915.
MISSOURI—Moses T. Runnels, 12th and McGee Sts., Kansas City. May, 1915.
NEW HAMPSHIRE—B. C. Woodbury, Sec., Portsmouth. May, 1915.
NEW JERSEY—A. W. Atkinson, Sec., Trenton. May, 1915.
NEW YORK—B. B. Clark, Sec., New York City. Buffalo, Feb., 1915.
NORTH DAKOTA—Frances M. Peake, Sec., Grand Forks. June, 1915, at Jamestown.
OHIO—J. G. Keiser, Sec., Columbus. May, 1915.
OKLAHOMA—W. W. Osgood, Sec., Muskogee. May, 1915.
OREGON—Byron E. Miller, Sec., Portland, Ore. Oct., 1914.
PENNSYLVANIA—Irvin D. Metzger, 303 2d Natl. Bk. Bldg., Pittsburg.
RHODE ISLAND—Wm. M. Muncy, Sec., 23 Waterman St., Providence. Jan. 1915.
SOUTH DAKOTA—George H. Fulford, Sec., Sioux Falls. May, 1915.
TEXAS—Julia H. Baas, Sec., Dallas. Oct., 1914.
VERMONT—G. I. Forbes, Sec., Burlington. May, 1915.
VIRGINIA—Geo. W. Johnson, Sec., Danville. Dec., 1914, at Norfolk.
WASHINGTON—Earl M. Carney, Sec., Lumber Exch. Bldg., Seattle.
WEST VIRGINIA—A. A. Roberts, Sec., Wellsburg. Oct., 1914, at Wheeling.
WISCONSIN—Mary M. Hopkins, Sec., Oconto. May, 1915.

SANITARIUMS, Etc.

Dr. Broughton's *Sanitarium*

For Opium, Morphine, Cocaine and Other Drug Addictions, Including Alcohol and Special Nervous Cases. Methods easy, regular, humane. Good heat, light, water, help, board, etc. Number limited to 44. A well kept home. Address

DR. BROUGHTON'S SANITARIUM
Phone 356 2007 S. Main St., ROCKFORD, ILL.

Doctor

If you wish satisfactory results for your patients

Mudlavia
Treatment

For rheumatism and all internal diseases. Write today for full particulars to DR. GEORGE F. BUTLER, Medical Director, MUDLAVIA, KRAMER, IND.

CREST VIEW SANITARIUM

Telephone 105 *GREENWICH, CONN.*

Ideal home for the treatment of Nervous and Mild Mental diseases. Also Rheumatism and Arthritis Deformans. *28 Miles from Grand Central*

Electrotherapy, H. M. HITCHCOCK, M. D. *Consulting Physician, F. St. CLAIR HITCHCOCK, M. D.*

The Florence N. Ward Sanatorium

A Private Hospital for Medical and Surgical Gynæcology and Obstetrics

It is a modern fire-proof building, situated on a sunny slope, conveniently located near car lines and readily accessible to the business centers.

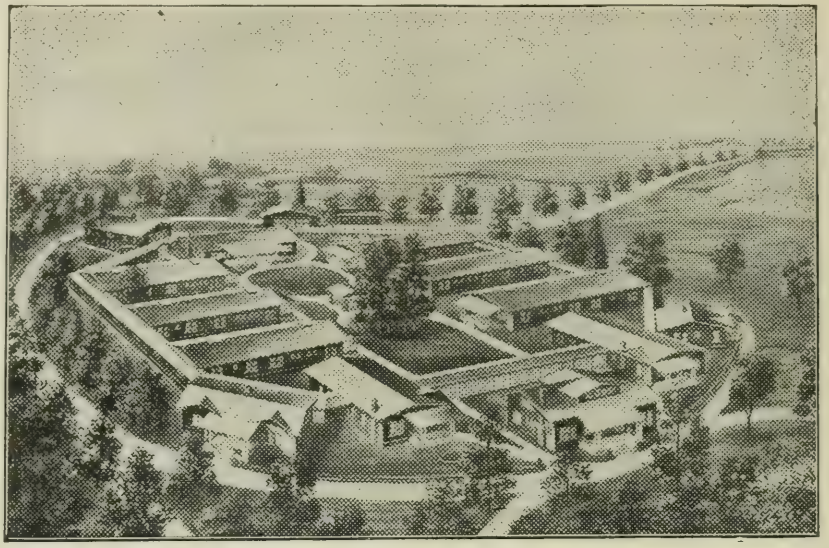
It possesses all the essentials of a perfectly appointed Sanatorium, having a complete operating suite, insuring absolute asepsis. Excellent service; only graduate nurses, together with the restfulness of the home atmosphere.

All grades of prices from wards to private rooms with bath. Open to all physicians.

Address,

MRS. L. B. LE WARNE,
1195 Bush St., San Francisco, Cal.

THE SAWYER SANATORIUM, White Oaks Farm, Marion, Ohio



Especially equipped for the treatment of all forms of Chronic, Nervous and Mental Diseases. For full particulars and descriptive booklet, address

DRS. C. E. and CARL W. SAWYER, MARION, OHIO

The Battle Creek Sanitarium is an institution for the treatment of chronic invalids. Incorporated 1867; reincorporated 1897; erected and equipped at a cost of $2,000,000; non-profit paying; exempt from taxation under the laws of Michigan; employs 300 nurses and trained attendants and 600 other employees.

The institution has a faculty of 300 physicians, all of good and regular standing, and has treated nearly 100,000 patients, among whom are nearly 2,000 physicians and more than 5,000 members of physicians' families.

Any physician who desires to visit the Sanitarium will receive, on application, a visiting guest's ticket good for three days' board and lodging in the institution. No charge is made for treatment or professional service to physicians.

Send for a copy of profusely illustrated book of 229 pages, entitled, "The Battle Creek Sanitarium System," prepared especially for members of the medical profession.

THE BATTLE CREEK SANITARIUM, Box 319, Battle Creek, Mich.

PROFESSIONAL DIRECTORY

ALABAMA.

Huntsville.

Alfred M. Duffield, (*Tourist and Gen. Pract.*) 108 Franklin St.

CALIFORNIA.

Los Angeles.

Eugene Campbell, (*Medicine*), 315 S. Broadway.
Robert A. Campbell, (*Surg. Gyn.*), 403 Mason Bldg.
E. N. Chaney, (*Orif. Surg.*), 1151 Santee St.

Pasadena.

Walter E. Nichols, (*Gen. Pract.*), 115 N. Marengo Ave.

Sacramento.

Harry A. Watts, (*Gen. Pract.*) I. O. O. F. Temple

San Francisco.

Edgar R. Bryant, (*Surg. & Med.*), Union Square Bldg.
A. C. Peterson, (*Eye, Ear, Nose, Throat*), 135 Stockton St.
Florence N. Ward, (*Obs. Gyn.*), 860 Hyde St.

COLORADO.

Colorado Springs.

F. A. Faust, (*Gen. Pract.*), 819 N. Nevada Ave.

Denver.

George W. Palmer, (*Gyn. & Gen. Pract.*), 418 Mack Bldg.

CONNECTICUT.

Bridgeport.

Charles P. Haller, (*Gen. Pract.*), 461 State St.

FLORIDA.

Jacksonville.

George Allen Davies, (*Gen. Pract.*), 359 St. James Bldg.

GEORGIA.

Atlanta.

Susan M. Hicks, (*Gen. Pract.*), 728 Candler Annex.
Spencer R. Stone, (*Gen. Pract.*), 716 Hurt Bldg

ILLINOIS.

Aurora.

Colwell & Bartlett, (*Gen. Pract.*), 23 S. Lake St.

Chicago.

Joseph P. Cobb, (*Paediat.*), 29 E. Madison St.
C. D. Collins, (*Dermatol.*), 108 N. State St.
G. M. Cushing, (*Surg.*), 6400 Harvard Ave.
Edgar J. George, (*Eye and Ear*), 801 Marshall Field Bldg.
H. V. Halbert, (*Medicine*), 22 E. Washington St.
Mary Elizabeth Hanks, (*Medical Gynecology*), 700 Marshall Field Bldg.
Burton Haseltine, (*Eye, Ear, Nose, Throat*), 122 S. Michigan Ave.
Sarah M. Hobson, (*Children*), 917 Marshall Field Bldg.
Chas. E. Kahlke, (*Surg.*), 32 N. State St.
B. A. McBurney, (*Gen. Pract.*), 247 N. Park Ave., Austin Sta.

Elgin.

Henry W. Dueringer, (*Gen. Pract.*), 161 Chicago St.

IOWA.

Sioux City.

S. W. Staads, (*Surg.*), Massachusetts Bldg.

MASSACHUSETTS.

Boston.

James Krauss, (*G. U. Med. and Surg., including Vener. Dis., Diag. and Op. Cystoscopy*), 419 Bolyston St.
George B. Rice, (*Nose, Throat, Ear*), 220 Clarendon St.

Springfield.

Plumb Brown, (*Gen. Pract.*), 503 State St.

MICHIGAN.

Detroit.

R. M. Richards, (*Med. & Obs.*), 602 Gas Office.

Grand Rapids.

Corda E. Beeman, (*Eye, Ear, Nose, Throat*), 210 Widdicomb Bldg.
Glen G. Towsley, (*Eye, Ear, Nose and Throat*), 709 Ashton Bldg.

Mt. Clemens.

Alfred Graham, (*Nerv. Dis. Hydrother.*), 58 N. Walnut St.
John A. Lenfesty, (*Hydrother. Chronic Dis.*), 58 N. Walnut St.

Muskegon.

George L. Lefevre, (*Surg. and Consult.*), Mason Bldg.

MINNESOTA.

Minneapolis.

H. C. Aldrich, (*Surg. Gyn. Obs.*), Donaldson Bldg.

MISSOURI.

St. Louis.

James A. Campbell, (*Eye, Ear, Nose, Throat*), Mermod-Jaccard Bldg.

NEW JERSEY.

Atlantic City.

M. D. and Thomas Youngman, (*Gen. Med. and Chron. Dis.*), 1618 Pacific Ave.

NEW YORK.

Albany.

J. I. Dowling, (*Eye, Ear, Nose, Throat*), 116 Washington Ave.

Buffalo.

Joseph T. Cook, (*General Practice*), 636 Delaware Ave.

Elmira.

Ermina Catherine Eddy, (*Gen. Pract.*), 500 William St.

New York City.

Royal S. Copeland, (*Eye, Ear, Nose, Throat*), 58 Central Park, W.
Wm. H. Dieffenbach, (*X-Ray Laboratory and Phys. Ther.*), The Rutland, 256 W. 57th St.
Joseph H. Fobes, (*Surg. Gyn.*), 1 W. 68th St.
F. St. Clair Hitchcock, (*Electro-Therap.*), 616 Madison Ave., Cor. 58th St.
Elizabeth Hamilton Muncie, (*Sanitorium, Chronic Dis., Orif. Surg.*), 119 Macon St., Borough of Brooklyn.
Homer I. Ostrom, (*Surg. Gyn.*), 130 W. 57th St.
Geo. W. Roberts, (*Surg. Gyn.*), 170 W. 59th St.
Herbert Dana Schenck, (*Eye, Ear*), 75 Halsey St., Brooklyn.
Thomas Franklin Smith, (*General Practice*), 264 Lenox Ave. (between 123d and 124 Sts.).
John E. Wilson, (*Nerv. and Ment. Dis.*), 616 Madison Ave.

Rochester.

J. S. Barnard, (*Surg. Gyn.*), 393 Oxford St.

Saranac Lake.

J. H. Hallock, (*Tubercular Diseases*), 182 Broadway.

Schenectady.

Louis Faust, (*Gen. Pract. and Obs.*), 19 Jay St.

Yonkers.

Verner Kennedy, (*Gen. Pract.*), 169 Nepperhan Ave.

OHIO.

Marion.

C. E. Sawyer, (*Surg.*), 265 S. Main St.

Cleveland.

H. F. Biggar, (*Surg.*), Kingmoore Bldg.
H. F. Biggar, Jr., (*Surg.*), Kingmoore Bldg.
Hudson D. Bishop, (*Obs. Gyn.*), 760 Rose Bldg.
J. Richey Horner, (*Ment. and Nerv. Diseases, Consultations*), 659 Rose Bldg.
G. J. Jones, (*Medicine, Consultations*), Caxton Bldg.

Shelby.

Hiram Hulbert Metcalfe, (*Gen. Pract.*), 93 W. Main St.

PENNSYLVANIA.

Bryn Mawr.

Edwin Lightner Nesbit, (*Gen. Pract.*), 845 Lancaster Pike.

Easton.

Charles Spencer Kinney, (*Sanitarium, Nerv. Dis.*), Taylor Ave.

Erie.

Homer Griswold, (*Gen. Pract.*), 21 E. 8th St.

THE WALTER SANITARIUM

WALTERS PARK, PA.

In the Mountains of Pennsylvania, 300 Acre Park. Less than Four Hours from New York, 94 minutes from Philadelphia, 1 hour from Harrisburg, 20 Minutes from Reading, all without charge.

For thirty-seven years this first American Sanitarium has been steadily growing in popular favor for the success of its methods, as well as the beauty and healthfulness of location, which are unexcelled, if, indeed, equaled, in America.

A True Rest Cure

Among the most beautiful surroundings to be found anywhere. Baths, Massage, Electricity, Movement Cure, wholesome Dietary. Terms very moderate for the accommodations. Circulars and catalogue free.

Address as above.

ROBT. WALTER, M. D.

Green Gables

The Dr. Benj. F. Bailey

Sanitarium

Lincoln, Nebraska

Largest and Best Equipped Institution of its kind in the Central West. Write for Illustrated Literature.

DR. WISWALL'S *SANATORIUM*

"THE WELLESLEY NERVINE"

A health resort for invalids afflicted with nervous and mild mental disease. New building in the midst of twelve acres of high land, partly covered with beautiful oak and pine trees. Every facility for comfort and treatment.

A study and experience of over twenty years in the specialty of nervous diseases is combined with an attractive home and the necessary advantages of a private hospital.

For particulars, address

Dr. Edward Hastings Wiswall, Wellesley, Mass.

ATLANTIC CITY N.J.

WRITE FOR A BOOKLET

HAHNEMANN HALL

FOR THE CARE OF THE INVALID

A.W.BAILY.M.D.

Professional Directory (continued)

Philadelphia.

Norman S. Betts, (*Gyn. and Gen. Med.*), 1609 Girard Ave.

Eva M. Blake, (*Dis. Wom. and Child.*), 190 Maplewood Ave.

Mary A. Cooke, (*Obs., Gyn., Gen. Pract.*), 2113 N. 18th St.

William Erwin, (*Gyn., Medical and Surgical*), 4844 Cedar Avenue.

VIRGINIA.

Richmond.

Wellford B. Lorraine, (*Gen. Pract.*), 105 W. Grace St.

WASHINGTON.

Seattle.

Ernest E. Beckett, (*Gen. Pract.*), 317 Lumber Exchange Bldg.

E. Weldon Young, (*Surg. Gyn.*), Cobb Bldg.

CLASSIFIED ADVERTISEMENTS

Classified Advertisements will be inserted in these columns at a price of $1.00 for 30 words or less, additional words 3c each. Free insertion will be given under the following headings: WANTED—Apparatus, Assistant, Books, Intern, Location, Partner, Situation. A fee of 15c is charged advertisers if answers are sent care of *Journal*. Price for Name, Specialty and Address in Professional Directory, $2.00 per year. Copy should reach this office by the 20th of the month preceding date of issue. *Remittance must accompany order.*

Journal of the American Institute of Homoeopathy, 917 Marshall Field Bldg., Chicago, Ill.

FOR SALE—Surgical and Medical Hospital, located in New Hampshire, 15 beds with room for more. First class opportunity for man wishing surgical field. Surgeon in adjoining town brings patients. All modern equipped. Property is excellent investment. Address W. P., Journal.

POSITION—In Sanitarium or Health Resort, by capable diagnostician, nervous and chronic, 16 years general practice sanitarium work and own institution. Capable director and manager. Address P. W., care Journal.

FOR SALE—$3,800.00 practice, in good Iowa location, for price of office equipment. Will introduce successor. Price reasonable. Address W. M., care Journal.

WANTED—A clean, capable young man to take my work for the winter while I am in the South. The proposition of a partnership at the end of that time is open to the right man. Address S. H. Hilliard, M. D., Warren, Ill.

THE

Hahnemann Medical College and Hospital

of Philadelphia

Offers Unexcelled Facilities for Clinical and Laboratory Instruction.

The Institution offers a pre-medical preparatory year and a standard four years' course of studies in medicine. The candidate on graduation receives the degree of "Doctor of Medicine" and the special degree "Doctor of Homœopathic Medicine" as granted by the charter of the State of Pennsylvania.

New laboratories, a hospital of 300 beds under complete control of the medical school, and ward and dispensary work in small sections enhance the amount of individual instruction.

CLINICAL OPPORTUNITIES

Last year the Hahnemann Hospital admitted and treated in all its departments over 25,000 patients. This abundance of clinical material is all directly available for teaching purposes, which includes Clinical Lectures, Sectional Clinics, Ward Classes, Individual Ward Work, Dispensary Work and Clinical Laboratory Work in all its branches under direct supervision.

The College also has the advantage of affiliation, for teaching purposes, with The Children's Homœopathic Hospital, St. Luke's Homoeopathic Hospital, The West Philadelphia General Homoeopathic Hospital, Allentown Hospital for the Insane and Municipal Hospital for Contagious Diseases.

Special attention is directed to the Department of Materia Medica and Therapeutics. The munificent endowment of Mr. Walter E. Hering has established for all time the Constantine Hering Chair of Homoeopathic Materia Medica, Therapeutics and Pharmacology.

Post Graduate instruction is offered the Profession in the laboratories, wards, dispensaries and in the specialties throughout the year.

Correspondence is solicited.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL
No. 266 North Broad St., Philadelphia, Pa.
WILLIAM B. VAN LENNEP, A. M., M. D., F. A. C. S., Dean.
SAMUEL W. SAPPINGTON, M. D., Registrar.
JOHN J. TULLER, M. D., Secretary.

In College the embryo medicus learns how a drug *should* act.
In Practice the experienced physician finds what a drug actually *does*

Lactopeptine

is used and depended upon by experienced prescribers *because* years of practical use have demonstrated its efficiency in overcoming digestive disturbances.

Always specify Lactopeptine N.Y.P.A.

The New York Pharmacal Ass'n.
Yonkers, N.Y.

Valentine's Meat-Juice

Demonstrates its **Ease** of **Assimilation** and **Restorative** and **Strengthening Power** in

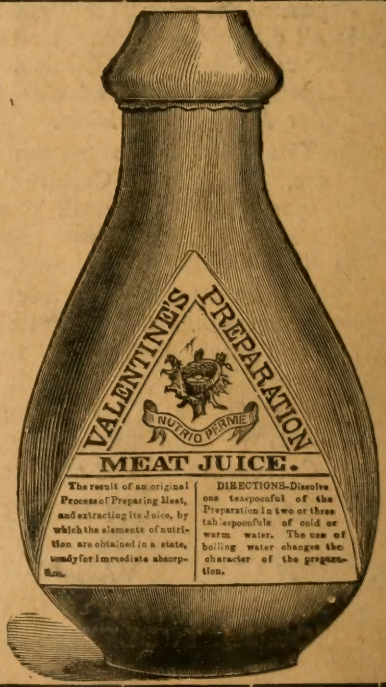
Fever Cases.

W. John Harris, M. D., *Surgeon Mother and Babies Home and Hospital, St. Louis:* "I have been using VALENTINE'S MEAT-JUICE since 1877 and in some cases of Typhoid Fever nothing answers so well."

H. L. Northrop, M. D., *Prof. Anatomy Hahnemann Medical College, Philadelphia:* "I have used VALENTINE'S MEAT-JUICE in Typhoid Fever and found it palatable and nutritious and retained on the stomach without difficulty."

For sale by Druggists and Chemists.

VALENTINE'S MEAT-JUICE CO.
Richmond, Virginia


VALENTINE'S PREPARATION
NUTRIO PERANIE
MEAT JUICE.
The result of an original Process of Preparing Meat, and extracting its Juice, by which the elements of nutrition are obtained in a state, ready for immediate absorption.
DIRECTIONS-Dissolve one teaspoonful of the Preparation in two or three tablespoonfuls of cold or warm water. The use of boiling water changes the character of the preparation.